2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000000898

TI FILED
Oct 08, 2008
Secretary of State

Entity Name: CARROLLWOOD KEY HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7001 TEMPLE TERRACE HWY 1799-B NORTH BELCHER ROAD TEMPLE TERRACE, FL 33637 CLEARWATER, FL 33765 US **Current Mailing Address: New Mailing Address:** C/O UNIVERSITY PROPERTIES INC. AMER-TECH REALTY INC 7001 TEMPE TERRACE HWY P.O. BOX 14357 TEMPLE TERRACE, FL 33637 CLEARWATER, FL 33766 US FEI Number: 59-3374061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUARTE, ANTONIO III AMERI-TECH REALTY, INC 6221 LAND O LAKES BLVD 1799-B NORTH BELCHER ROAD LAND O'LAKES, FL 34638 US CLEARWATER, FL 33765 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MICHAEL G PEREZ, PRESIDENT 10/08/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEVALLE, EDWARD Name: Name: 5526 CARROLL WOOD KEY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: FRIDEN, BARBARA Name: Address: 11318 CAYMAN KEY DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: () Change () Addition ROLAND, ROBERT Name: Name: 5445 CARROLL WOOD KEY DRIVE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD DEVALLE PD 10/08/2008