

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005261 (0)

1. Corporation Name

THE CARROLL COMMUNITY DEVELOPMENT ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

534 PENINSULAR DRIVE
LAKELAND FL 33813

P.O. BOX 6189
LAKELAND FL 33807-6189

FILED

99 JUN -5 AM 9:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address
21 2810 Chatsworth Lane	26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc. Lakeland, FL	27 City & State
23 Lakeland, Florida	28 Zip
24 33813	25 USA
29 Zip	30 Country

3. Date Incorporated or Qualified	10/11/1996
4. FEI Number	59-3405617
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUART, JANET M
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	C-P-D
NAME	CARROLL, PAMELA A	1.2 NAME	Donna S. Autry
STREET ADDRESS	534 PENINSULAR DRIVE	1.3 STREET ADDRESS	2810 Chatsworth Lane
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	P	2.1 TITLE	D-VP
NAME	LEWIS, JEFFREY B	2.2 NAME	Pamela A. Carroll
STREET ADDRESS	1628 DOOLEY LANE	2.3 STREET ADDRESS	534 Peninsular Drive
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	D	3.1 TITLE	
NAME	MATHEWS, RANDY	3.2 NAME	900002553729--2
STREET ADDRESS	502 DON EL STREET	3.3 STREET ADDRESS	-06/09/98--01121--005
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	TS	4.1 TITLE	T
NAME	ROSS, K K	4.2 NAME	Glenn Glad
STREET ADDRESS	3803 OLD ROAD 37, #46	4.3 STREET ADDRESS	6432 Longwood Trace Ln N
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	D	5.1 TITLE	D-VP
NAME	PATTON, JACK	5.2 NAME	Jock Willers
STREET ADDRESS	1708 BIRCHWOOD LOOP	5.3 STREET ADDRESS	5100 Lake-in-the-Woods
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE		6.1 TITLE	S
NAME		6.2 NAME	Kristin Elliott
STREET ADDRESS		6.3 STREET ADDRESS	605 E. Oak Street, Lakeland, FL 33801
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna S. Autry

6/11/98

941-644-0707

CFR2037 (10/97)