

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90262 012 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000005261**

1. Corporation Name

**THE CARROLL COMMUNITY DEVELOPMENT ASSOCIATION, I  
NC.**

Principal Place of Business  
2810 CHATSWORTH LANE  
LAKELAND FL 33813

Mailing Address  
P.O. BOX 6189  
LAKELAND FL 33807-6189



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>10/11/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3405617</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

**STUART, JANET M  
ONE LAKE MORTON DRIVE  
LAKELAND FL 33801**

**10. Name and Address of New Registered Agent**

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

**FL**

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, PAMELA A	1.2 NAME	Tr Pablo Montanez
STREET ADDRESS	534 PENINSULAR DRIVE	1.3 STREET ADDRESS	3160 Cross Fox Drive
CITY-ST-ZIP	LAKELAND FL 33813	1.4 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	CPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUTRY, DONNA S	2.2 NAME	Tr Jack Patton
STREET ADDRESS	2810 CHATSWORTH LANE	2.3 STREET ADDRESS	1708 Birchwood Place
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, RANDY	3.2 NAME	Tr Ken Ross
STREET ADDRESS	502 DON EL STREET	3.3 STREET ADDRESS	3803 Old Highway 37, #46
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	T. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLAD, GLENN	4.2 NAME	Tr Janyce Freund
STREET ADDRESS	6432 LONGWOOD TRACE LANE N.	4.3 STREET ADDRESS	520 Windermere Drive
CITY-ST-ZIP	LAKELAND FL 33811	4.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLERS, JOCK	5.2 NAME	Tr Elizabeth Spinnazola
STREET ADDRESS	5100 LAKE-IN-THE-WOODS	5.3 STREET ADDRESS	7030 Lake Bluff Court
CITY-ST-ZIP	LAKELAND FL 33813	5.4 CITY-ST-ZIP	Knoxville, TN 37920
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLIOTT, KIRSTIN	6.2 NAME	Tr Deborah Stokes
STREET ADDRESS	605 E. OAK STREET	6.3 STREET ADDRESS	300 Avebury Court
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	Alpharetta, GA 30202

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, with all other like empowered.

**SIGNATURE:** *Donna S. Autry, President* **Donna S. Autry** 5/7/99 941-644-0767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)