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**Apr 26, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000000555**

1. Corporation Name

**CARROLLWOOD ASSOCIATION OF NEIGHBORHOODS, INC.**

Principal Place of Business

5121 EHRLICH ROAD  
 SUITE 106-B  
 TAMPA FL 33624

Mailing Address

5121 EHRLICH ROAD  
 SUITE 106-B  
 TAMPA FL 33624



2. Principal Place of Business

21 5121 Ehrlich Road

Suite, Apt. #, etc.

22 Suite 107-B

City & State

23 Tampa, FL 33624

Zip

Country

24

25

2a. Mailing Address

26 5121 Ehrlich Road

Suite, Apt. #, etc.

27 Suite 107-B

City & State

28 Tampa, FL 33624

Zip

Country

29

30

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

59-3485834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALESSANDRI, PETER  
 5121 EHRLICH ROAD  
 SUITE 106-B  
 TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name

Peter Alessandri

82 Street Address (P.O. Box Number is Not Acceptable)

5121 Ehrlich Road

83

Suite 107-B

84

City Tampa,

FL

85 Zip Code 33624

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P.D.

Tom Jones

5121 Ehrlich Road, Suite 107-B

Tampa, FL 33624

VP.D

Lon Guarino

5121 Ehrlich Road, Suite 107-B

Tampa, FL 33624

S.D.

Judy Siling

5121 Ehrlich Road, Suite 107-B

Tampa, FL 33624

T.D.

Peter Alessandri

5121 Ehrlich Road, Suite 107-B

Tampa, FL 33624

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

813-969-1995

Daytime Phone #

CR2E037 (11/98)