

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000555

1. Entity Name

CARROLLWOOD ASSOCIATION OF NEIGHBORHOODS, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90149 003 ****61.25

80066748



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5121 EHRlich ROAD
STE 107-B
TAMPA FL 33624

5121 EHRlich ROAD
STE 107-B
TAMPA FL 33624

2. Principal Place of Business

11380 BROOKGREEN DRIVE

3. Mailing Address

11380 BROOKGREEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3485834

Applied For

Not Applicable

Zip

33624

Country

UNITED STATES

Zip

33624

Country

UNITED STATES

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALESSANDRI, PETER
5121 EHRlich ROAD
STE 107-B
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name JONES, THOMAS A.
Street Address (P.O. Box Number is Not Acceptable)
11380 BROOKGREEN DRIVE
City TAMPA FL Zip Code 33624

8. 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 *Thomas A. Jones* THOMAS A. JONES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/04/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JONES, TOM | |
| STREET ADDRESS | 5121 EHRlich RD STE 107-B | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CANTRELL, MICHAEL | |
| STREET ADDRESS | 5121 EHRlich RD STE 107-B | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SILING, JUDY | |
| STREET ADDRESS | 5121 EHRlich RD STE 107-B | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | ALESSANDRI, PETER | |
| STREET ADDRESS | 5121 EHRlich RD STE 107-B | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 11380 BROOKGREEN DRIVE |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 11380 BROOKGREEN DRIVE |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 11380 BROOKGREEN DRIVE |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Jones* THOMAS A. JONES, President

4/4/02 (813) 969-3991

CR2E037 (9/01)