


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000000555 1. Entity Name CARROLLWOOD ASSOCIATION OF NEIGHBORHOODS, INC.	
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Principal Place of Business 11380 BROOKGREEN DRIVE TAMPA, FL 33624	Mailing Address 11380 BROOKGREEN DRIVE TAMPA, FL 33624
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DO NOT WRITE IN THIS SPACE



03052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3485834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, THOMAS A
11380 BROOKGREEN DRIVE
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, TOM 11380 BROOKGREEN DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CANTRELL, MICHAEL 11380 BROOKGREEN DRIVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HOYT, KEN 4610 WESTFORD CORCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/08/04-80122-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **3/5/04 813-969-3991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #