

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000555

FILED
Feb 08, 2006
Secretary of State

Entity Name: CARROLLWOOD ASSOCIATION OF NEIGHBORHOODS, INC.

Current Principal Place of Business:

11380 BROOKGREEN DRIVE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

11380 BROOKGREEN DRIVE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3485834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, THOMAS A
11380 BROOKGREEN DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, TOM
Address: 11380 BROOKGREEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: CANTRELL, MICHAEL
Address: 11380 BROOKGREEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: HOYT, KEN
Address: 4610 WESTFORD CORCLE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM JONES

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date