


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005040 1. Entity Name CARROLLWOOD CREEK HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 13136 CARROLLWOOD CRK DR TAMPA, FL 33624	Mailing Address 13136 CARROLLWOOD CRK DR TAMPA, FL 33624
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05142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567980	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

**MCGAWAN, SHIRLEY
13136 CARROLLWOOD CRK DR
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENUNCIO, JOSEPH 13144 CARROLLWOOD CREEK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MCGOWAN, SHIRLEY 13136 CARROLLWOOD CREEK DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIVERA, EDWIN 13143 CARROLLWOOD CREEK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/04/08-80049-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Shirley J McGowan** **5/4/08** **813-963-0908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #