2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000005480

1. Entity Name

CARROLLWOOD GROVE PROFESSIONAL PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

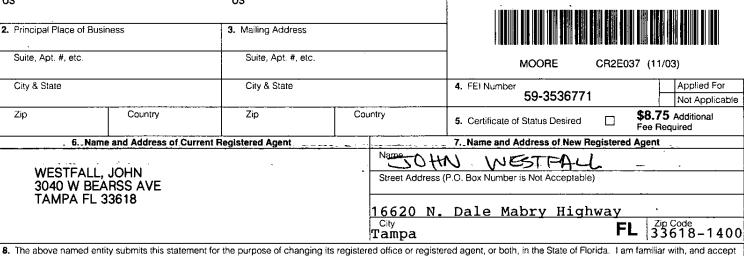
16630 NORTH DALE MABRY HWY TAMPA FL 33618-1400

the obligations of registered agent.

16630 NORTH DALE MABRY HWY TAMPA FL 33618-1400

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 27, 2004 8:00 am **Secretary of State** 02-27-2004 90014 042 ****61.25



SIGNATURE Signature, typeox printer rane of registery layou and the if a long tole. DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREBENSCHIKOFF, JENNIFER NAME NAME 3403 W FLETCHER AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Change TITLE Delete ☐ Addition ABRAMSON, HAZEL L NAME NAME 3401 W FLETCHER AVE STE A STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP CITY-ST-ZIP VD Delete ☐ Change ☐ Addition TITLE COLEMAN, DANNY NAME 3411-A W. FLETCHER AVE STREET ADDRESS STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attac