## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2008 8:00 am Secretary of State

DOCUMENT # P9800009616  1. Entity Name CARROLLWOOD CREEK ASSOCIATES, INC.						08 90028 012 ***150.	
Principal Place of Business  5439 BEAUMONT CENTER BLVD.  SUITE 1050  TAMPA, FL 33634 US  Mailing Address  5439 BEAUMONT CENTER BLVD.  SUITE 1050  TAMPA, FL 33634 US				ř			
2. Principal Place of Business - No P.O. Box,#  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.			d Island		01292008 Chg-P	CR2E034 (12/06)	
City & State		City & State Clearwater, F1			4. FEI Number 59-3494417	Ar	oplied For
Zip 337/	Country U.S.	33767	Country U.S.		5. Certificate of Status Desi	Fee Require	
7. Name and Address of Current Registered Agent Name Name							~
NADER, DAVID A 5439 BEAUMONT CENTER BLVD SUITE 1050 TAMPA, FL 33634				Street Address (P.O. Box Number is Not Acceptable)  6 Windward 45 Iand			
,			City	City Clearwater FL 33767			
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 of printed name of registered agent and table it applicable. (NOTE: Registered Agent signature required when remataling)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.			OFFICERS AND DIRECTOR	S IN 11
TITLE	DPT	Delete	TITLE	DP.		Change	Addition
STREET ADDRESS CITY-ST-ZIP	T ADDRESS 5439 BEAUMONT CENTER BLVD STE 1050			61 C/	der favid A Windward Is carwater, FI	land 33767	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Delete III HORNE, THOMAS C S 5439 BEAUMONT CENTER BLVD STE 1050 TAMPA, FL 33634			HOY 61 W	one Thomas C Vindward Islan arwater, Fl	🔀 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	arway, C	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1-1	44-00-04-04-04-04-04-04-04-04-04-04-04-0	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied wit	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ontaines	d in Chanter 110 Elovide Stee	Change	Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a paper so, with all other like empowered.

SIGNATURE:

REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/0

727-447-1949

Daytime Phone #