

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009616

FILED
Mar 11, 2009
Secretary of State

Entity Name: CARROLLWOOD CREEK ASSOCIATES, INC.

Current Principal Place of Business:

61 WINDWARD ISLAND
CLEARWATER BEACH, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

61 WINDWARD ISLAND
SUITE 1050
CLEARWATER BEACH, FL 33767 US

New Mailing Address:

61 WINDWARD ISLAND
CLEARWATER BEACH, FL 33767 US

FEI Number: 59-3494417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NADER, DAVID A
61 WINDWARD ISLAND
CLEARWATER BEACH, FL 33767 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: NADAR, DAVID A
Address: 61 WINDWARD ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: DVS () Delete
Name: HORNE, THOMAS C
Address: 61 WINDWARD ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: NADAR, DAVID A
Address: 61 WINDWARD ISLAND
City-St-Zip: CLEARWATER BEACH, FL 33767

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. NADER

DPT

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date