


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000078114					
1. Entity Name CARROLLWOOD COMMONS OUTPARCEL CORP.					
Principal Place of Business 3333 NEW HYDE PARK RD. STE 100 NEW HYDE NY 11042-0020		Mailing Address 3333 NEW HYDE PARK RD. STE 100 NEW HYDE NY 11042-0020			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number: 59-3600486 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					




1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COOPER, MILTON			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE NY 11042-0020			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	SCHINDLER, MICHAEL			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE NY 11042-0020			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	FLYNN, MICHAEL J			NAME			
STREET ADDRESS	3333 NEW HYDE PARK RD.			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE NY 11042-0020			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	YARMAK, JOEL I			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	PAPPAGALLO, MIKE			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME	COHEN, GLENN			NAME			
STREET ADDRESS	3333 NEW HYDE PARK ROAD			STREET ADDRESS			
CITY-ST-ZIP	NEW HYDE PARK NY 11042			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:  **3-17-06** **516-869-9001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #