

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742717

FILED
Apr 10, 2018
Secretary of State
CC1010496044**Entity Name:** CARROLLWOOD MEADOWS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**13926 FARMINGTON BOULEVARD
TAMPA, FL 33625**Current Mailing Address:**PO BOX 341363
TAMPA, FL 33694 US**FEI Number: 59-1822220****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**FREDERICKS, DAVID L
13926 FARMINGTON BOULEVARD
TAMPA, FL 33625 US*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

Officer/Director Detail :

Title PRESIDENT
Name FREDERICKS, DAVID
Address 13926 FARMINGTON BOULEVARD
City-State-Zip: TAMPA FL 33625

Title SECRETARY
Name FREDERICKS, SANDRA L
Address 13926 FARMINGTON BOULEVARD
City-State-Zip: TAMPA FL 33625

Title TREASURER
Name DABBS, BETTY
Address 13930 FARMINGTON BOULEVARD
City-State-Zip: TAMPA FL 33625

Title VP
Name RHEA, DOUG
Address 13928 PATHFINDER
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name SHAW, LENNY
Address 13938 FARMINGTON BOULEVARD
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name ALLEN, RAYMOND
Address 5137 LINKWOOD AVENUE
City-State-Zip: TAMPA FL

Title DIRECTOR
Name GARCIA, LUIS
Address 14502 MECCA PLACE
City-State-Zip: TAMPA FL 33625

Title DIRECTOR
Name NIEVES, MIGUEL
Address 4910 HI VISTA CIRCLE
City-State-Zip: TAMPA FL 33625

Continues on page 2

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA FREDERICKS**SECRETARY****04/10/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	TERRI, CURRIER
Address	14515 MARKLAND GREENS PLACE
City-State-Zip:	TAMPA FL 33625