

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743549

**Entity Name:** CARROLLWOOD VILLAGE PHASE II HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 28, 2017**  
**Secretary of State**  
**CC2443183398**

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**FEI Number: 59-1977418**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TANKEL, ROBERT L  
1022 MAIN ST  
STE D  
DUNEDIN, FL 34698 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 PD  
Name DEMARE, WILLIAM  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title VP  
Name OWENS, SANDRA  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name DANAHER, SHARON  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title TD  
Name HANSON, JOSEPH  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name KORMANIK, VICTOR  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title DS  
Name CROUSE, JAMES  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

*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: WILLIAM DEMARE**

**PD**

**03/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date