

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743549

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

**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**1506917345CC**

**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 LAW GROUP  
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: ROBERT L TANKEL**

**04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MADHOSINGH, ADRIAN  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

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

Title DIRECTOR  
Name FRENCH, BONNIE  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title TREASURER  
Name DEMARE, BILL  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

Title D  
Name CAMPBELL, JERRY  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name KING, JOHN  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name GRIESENBECK, DIANE  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

Title SECRETARY  
Name DONAHER, SHARON  
Address 4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618

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*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: ADRIAN MADHOSINGH**

**PRESIDENT**

**04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KILGORE, BOBBY  
Address        4131 GUNN HIGHWAY  
City-State-Zip: TAMPA FL 33618