

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

DOCUMENT# N05000011896

**FILED**  
**Mar 15, 2024**  
**Secretary of State**  
**1374314437CC**

**Entity Name:** THE GRAND AT OLDE CARROLLWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10311 CLUB CIRCLE  
TAMPA, FL 33618

**Current Mailing Address:**

C/O CONDOMINIUM ASSOCIATES  
2019 OSPREY LANE SUITE B  
LUTZ, FL 33549 US

**FEI Number:** 20-3855716

**Certificate of Status Desired:** No

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

BUSH ROSS, P.A.  
3913  
P.O. BOX  
TAMPA, FL 33601 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:** H. WEB MELTON III, ESQ.

03/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PINIELLA, JACK  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            TREASURER  
Name            BUTLER, MARTIN JR.  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            VP  
Name            MONTIEL, JACK  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            SECRETARY  
Name            LOPEZ, EILEEN  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

Title            DIRECTOR  
Name            RODDENBERRY, ROBERT  
Address        C/O CONDOMINIUM ASSOCIATES  
                  2019 OSPREY LANE SUITE B  
City-State-Zip: LUTZ FL 33549

*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:** PINIELLA , JACK

**PRESIDENT**

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date