

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90098 019 \*\*\*\*61.25



**DOCUMENT # 716983**  
 1. Entity Name  
**THE CARLYLE ASSOCIATION, INC.**

Principal Place of Business  
**THE CARLYLE ASSOCIATION, INC**  
**2881 NE 33RD CT.**  
**FT. LAUDERDALE, FL 33306 US**

Mailing Address  
**THE CARLYLE ASSOCIATION, INC**  
**2881 NE 33RD CT.**  
**FT. LAUDERDALE, FL 33306 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1303403**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COLLODI, JOHN**  
**2881 NE 33RD CT.**  
**9-E**  
**FORT LAUDERDALE, FL 33306**

**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 John Colloidi (NOTE: Registered Agent signature required when reinstating) DATE 3-13-07

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, GREG	
STREET ADDRESS	2881 NE 33RD CT., PH-B	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICCI, LOUIS	
STREET ADDRESS	2881 NE 33RD COURT., 6-H	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHILLINGLAW, LYNDA	
STREET ADDRESS	P.O. BOX 4162	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLODI, JOHN	
STREET ADDRESS	2881 NE 33RD CT., 9-E	
CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODNOW, GEOFFREY	
STREET ADDRESS	2881 NE 33RD CT., 6-B	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARRONE, MARK	
STREET ADDRESS	2881 NE 33RD CT., 4D	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33306	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Rose	
STREET ADDRESS	2881 NE 33rd Ct., 10-H	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen D. Foster	
STREET ADDRESS	2881 NE 33rd Ct., 8-D	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Iarossi	
STREET ADDRESS	2881 NE 33rd Ct., 3-C	
CITY-ST-ZIP	Fort Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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: John E Colloidi John Colloidi 2/24/07 954-564-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #