

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90019 011 ****61.25



DOCUMENT # 756559				1. Entity Name CARLISLE AT POINCIANA CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 6850-10TH AVE., N. LAKE WORTH FL 33467		Mailing Address 6850-10TH AVE., N. LAKE WORTH FL 33467			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2166581	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PMS CORP. 3150 VIA POINCIANA LAKE WORTH FL 33467			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, MORRIS		NAME	SILVER MORRIS	
STREET ADDRESS	6850 10TH AVE N		STREET ADDRESS	6850 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILTON, CEDAR		NAME	CEDAR, MILTON	
STREET ADDRESS	6850 10TH AVE N 309		STREET ADDRESS	6850 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REALIN, S		NAME	BERLIN S	
STREET ADDRESS	6850 10TH AVE N 216		STREET ADDRESS	6850 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAXMAN, BUD		NAME		
STREET ADDRESS	6850 10 AVE N.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMAN, FRANK		NAME	ROSEANNE TROTTA	
STREET ADDRESS	6850 10TH AVE. N. #204		STREET ADDRESS	6850 10TH AVE N	
CITY-ST-ZIP	LAKE WORTH FL 33467		CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: BUD WAXMAN BUD WAXMAN 1/25/06 501 302 5875