

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006178

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** CARLTON WOODS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

390 WEST STATE RD. 434  
SUITE 203  
LONGWOOD, FL 327504977

**New Principal Place of Business:**

390 WEST STATE RD. 434  
SUITE 203  
LONGWOOD, FL 327504977 US

**Current Mailing Address:**

PO BOX 197043  
WINTER SPRINGS, FL 327197043

**New Mailing Address:**

PO BOX 197043  
WINTER SPRINGS, FL 327197043 US

FEI Number: 59-3676240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMERSTON, LLC  
390 WEST S.R. 434 STE.203  
LONGWOOD, FL 327504977 US

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

EPM SERVICES  
390 WEST S.R. 434  
203  
LONGWOOD, FL 327504977 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: RAKESH SHARMA

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CAMACHO, ANGELA  
Address: PO BOX 197043  
City-St-Zip: WINTER SPRINGS, FL 327197043 US

Title: DVT  
Name: SCHATZ, JOHN  
Address: PO BOX 197043  
City-St-Zip: WINTER SPRINGS, FL 327197043 US

Title: DS  
Name: MAYEUX, KATHLEEN  
Address: PO BOX 197043  
City-St-Zip: WINTER SPRINGS, FL 327197043 US

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: ANGELA CAMACHO

DP

04/15/2011

Electronic Signature of Signing Officer or Director

Date