

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006178

FILED  
Feb 08, 2012  
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 US

**New Principal Place of Business:**

5200 VINELAND ROAD  
SUITE 210  
ORLANDO, FL 32811 US

**Current Mailing Address:**

PO BOX 197043  
WINTER SPRINGS, FL 327197043 US

**New Mailing Address:**

5200 VINELAND ROAD  
SUITE 210  
ORLANDO, FL 32811 US

FEI Number: 59-3676240

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EPM SERVICES  
390 WEST S.R. 434  
203  
LONGWOOD, FL 327504977 US

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

PALMERSTON, LLC  
5200 VINELAND ROAD  
SUITE 210  
ORLANDO, FL 32811 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

02/08/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CAMACHO, ANGELA  
Address: 5200 VINELAND RD., SUITE 210  
City-St-Zip: ORLANDO, FL 32811 US

Title: VPD  
Name: SCHATZ, JOHN  
Address: 5200 VINELAND RD., SUITE 210  
City-St-Zip: ORLANDO, FL 32811 US

Title: DS  
Name: MAYEUX, KATHLEEN  
Address: 5200 VINELAND RD., SUITE 210  
City-St-Zip: ORLANDO, FL 32811 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: JOHN SCHATZ

VPD

02/08/2012

Electronic Signature of Signing Officer or Director

Date