

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


4/16/

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-16-2004 90079 035 ****61.25

DOCUMENT # N0000006938

1. Entity Name
CARLETON OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
8895 NO. MILITARY TR. **8895 NO. MILITARY TR.**
201-E **201-E**
PALM BEACH GARDENS, FL 33410 US **PALM BEACH GARDENS, FL 33410 US**

00417304



2. Principal Place of Business 3. Mailing Address
1930 Commerce Lane **1930 Commerce Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1 **Suite 1**

04052004 Chg-NP CR2E037 (10/03)

City & State City & State
Jupiter, FL **Jupiter, FL**

4. FEI Number Applied For
65-1048370 Not Applicable

Zip Country Zip Country
33458 **USA** **33458** **USA**

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MC DONALD, DONNA Name **Steve Ingalls**
8895 NO. MILITARY TR. Street Address (P.O. Box Number is Not Acceptable) **1930 Commerce Lane**
201-E **Suite 1**
PALM BEACH GARDENS, FL 33410 City **Jupiter** FL Zip Code **33458**

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: *William C. Turnbull* **4/8/04**
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004** 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARINO, SALVATORE 8895 OLDHAM WAY WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLIDORI, ANN 8788 OLDHAM WAY WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TOMBARI, ALFRED 8908 OLDHAM WAY WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNBULL, WILLIAM 8860 OLDHAM WAY WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE: *William C. Turnbull* **WILLIAM C. TURNBULL** **4/8/04** **361-493-8457**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #