


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

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-06-2006 90026 025 ****61.25

DOCUMENT # N00000006938					
1. Entity Name CARLETON OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458 US		Mailing Address 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1048370	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
INGLIS, STEVE 1930 COMMERCE LANE SUITE 1 JUPITER FL 33458		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL	
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARINO, SALVATORE		NAME	James C. Stiles	
STREET ADDRESS	8895 OLDHAM WAY		STREET ADDRESS	8729 Oldham Way	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLIDORI, ANN		NAME	JOHN P. ALI	
STREET ADDRESS	8788 OLDHAM WAY		STREET ADDRESS	8811 OLDHAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP	WPB FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TREAS SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMBARI, ALFRED		NAME	SJANN LEVEU	
STREET ADDRESS	8906 OLDHAM WAY		STREET ADDRESS	8733 OLDHAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP	WPB FL 33412	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNBULL, WILLIAM		NAME	JOHN COSTAS	
STREET ADDRESS	8860 OLDHAM WAY		STREET ADDRESS	8990 OLDHAM WAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP	WPB FL 33412	
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		
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		
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: <u>James C. Stiles</u>			Date: <u>3-26-06</u>		Daytime Phone #: <u>799-0982</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>