

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90781 011 ****61.25

DOCUMENT # N00000006938



1. Entity Name
CARLETON OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**4500 PGA BOULEVARD #400
PALM BEACH GARDENS FL 33418**

Mailing Address
**4500 PGA BOULEVARD #400
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business
**8895 No. Military Tr.
Suite, Apt. #, etc.
201-E**

3. Mailing Address
**8895 No. Military Tr.
Suite, Apt. #, etc.
201-E**



CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number **65-1048370**

Applied For
 Not Applicable

Zip Country
33410 Palm Beach

Zip Country
33410 Palm Beach

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

**SHANNON, WILLIAM E
4500 PGA BOULEVARD #400
PALM BEACH GARDENS FL 33418**

Name **Donna McDonald**
Street Address (P.O. Box Number is Not Acceptable) **8895 No. Military Tr #201E**
City **Palm Beach Gardens FL** Zip Code **33410**

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 *Donna McDonald*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	GREENE, RICHARD E	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, HARMON D	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, WILLIAM E	
STREET ADDRESS	4500 PGA BOULEVARD #400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salvatore Marino	
STREET ADDRESS	8895 Oldham Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann Polidori	
STREET ADDRESS	8788 Oldham Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alfred Tombari	
STREET ADDRESS	8906 Oldham Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Turnbull	
STREET ADDRESS	8860 Oldham Way	
CITY-ST-ZIP	West Palm Beach, FL 33412	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *William Turnbull*

4/10/03

CR2E037 (10/02)