


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90049 048 \*\*\*\*70.00

<b>DOCUMENT # N03000003795</b>			
1. Entity Name <b>WAVERLY GREENS AT CARLTON LAKES, INC.</b>			
Principal Place of Business <b>6510 Waverly Green Way Naples, FL 34110</b>		Mailing Address <b>Mr. Greg Kerrar 6510 Waverly Green Way Naples, FL 34110</b>	
2. Principal Place of Business - No P.O. Box # <b>6510 WAVERLY GREENWAY</b>		3. Mailing Address <b>6510 WAVERLY GREENWAY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>	
4. FEI Number <b>33-1085555</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34110</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KERRAR, GREGG 6510 WAVERLY GREEN WAY NAPLES, FL 34110</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
<b>FL</b>			
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 <b>GREGORY E. KERRAR TREASURER</b>		DATE <b>1-17-08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reconstituting)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, STEPHEN</b>	NAME	
STREET ADDRESS	<b>6521 WAVERLY GREEN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, CARL DAVID</b>	NAME	
STREET ADDRESS	<b>65005 WAVERLY GREEN WAY</b>	STREET ADDRESS	<b>6505 WAVERLY GREEN WAY</b>
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERRAR, GREGG MR</b>	NAME	
STREET ADDRESS	<b>6510 WAVERLY GREEN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CERRA, FRANK MR</b>	NAME	
STREET ADDRESS	<b>6517 WAVERLY GREEN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON ROMER, LUCINDA MRS</b>	NAME	
STREET ADDRESS	<b>6475 WAVERLY GREEN WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	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 Chapter 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: <b>GREGORY E. KERRAR TREASURER</b>		DATE: <b>1-17-08</b> DAYTIME PHONE #: <b>239-597-2457</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	