


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008930 1. Entity Name CARLTON COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION INC.	
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Principal Place of Business 5500 ORANGE AVENUE FORT PIERCE, FL 34947	Mailing Address 5500 ORANGE AVENUE FORT PIERCE, FL 34947
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MILLER, JOSEPH G
 5500 ORANGE AVENUE
 FORT PIERCE, FL 34947**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signatures typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, JOSEPH G 5500 ORANGE AVENUE FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MILLER, S. ANNETTE 5500 ORANGE AVENUE FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLER, G. DOUGLAS 5500 ORANGE AVENUE FORT PIERCE, FL 34947
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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100000078029
01/12/05-80008-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:  DATE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #