

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002428

FILED
Jan 08, 2007
Secretary of State

Entity Name: CARSON LAKES SUBDIVISION HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

11145 TAMIAMI TRAIL EAST
NAPLES, FL 34113

New Mailing Address:

FEI Number: 74-3030826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURSO, SAMUEL J M.D.
891 PARTRIDGE COURT
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DASHER, LISA
Address: 3551 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP () Delete
Name: GARDUZA, ROGELIO
Address: 3528 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T () Delete
Name: ALVARADO, FLORA
Address: 3408 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142

Title: BD () Delete
Name: MCSWAIN, DOLLIE
Address: 3547 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: BD (X) Delete
Name: VILLA, PATTI
Address: 3523 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVARADO, FLORA
Address: 3408 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP (X) Change () Addition
Name: HARDING, SAN JUANA
Address: 3481 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T (X) Change () Addition
Name: DUVERT, EDLIN
Address: 3527 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142

Title: S (X) Change () Addition
Name: MANDUJANO, LAURA
Address: 3539 CARSON LAKES CIRCLE
City-St-Zip: IMMOKALEE, FL 34142 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORA ALVARADO

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date