

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002428

FILED  
Apr 04, 2011  
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:**

FULKER, DANA CAM  
CARDINAL MANAGEMENT GROUP OF FL, INC.  
4670 CARDINAL WAY, SUITE 302  
NAPLES, FL 34112 US

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: DANA FULKER, CAM

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCSWAIN, DOLLY  
Address: 3547 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: VP  
Name: ALVARADO, MARGARITA  
Address: 3588 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: S  
Name: DE LA LUZ ALVARADO, MARIA  
Address: 3524 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T  
Name: MARTINEZ, LORENZO  
Address: 3580 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D  
Name: SOTO, ELOY  
Address: 3508 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

Title: D  
Name: CAYENTE, AIDA  
Address: 3428 CARSON LAKES CIRCLE  
City-St-Zip: IMMOKALEE, FL 34142 US

I hereby 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 all other like empowered.

SIGNATURE: DOLLY MCSWAIN

P

04/04/2011

Electronic Signature of Signing Officer or Director

Date