FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	JAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State	
 	MENT #	N37992	(7)					
CARLISLE CLUB ASSOCIATION, INC.						A INDIVITAL MAN NAME (RANGE LANGE AND		
Principal Place of Business Malling Add			Mailing Address	ddress			t togethat and this take sold this sign bight aren bight after both	
1701 LEE ROA SUITE A	D		1701 LEE ROAD Suite A				3. Date Incorporated or Qualified	
WINTER PARK FL 32789		WINTER PARK FL 32789					05/04/1990 4. FEI Number / Applied For	
							4. FEI Number Applied For Not Applicable	
2. Principal Place of Business			2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Fee Required	
22			27				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State			City & State				7. Is this nonprofit corporation a homeowners association?	
23 Zip		Country	28]	1 c	ountry		Yes No	
24	25 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and	Address of Current R	egistered Agent				10. Name and Address of New Registered Agent	
00445	101111111				81	Name		
GRANT, JOHN W. 1701 LEE ROAD					82 Street Address (P.O. Box Number is Not Acceptable)			
					83			
WINTER PARK FL 32789					84	City	85 Zip Code	
						┡┖╵╵		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 617.0503, Florida Statutes.								
SIGNATURE		1.~ W.	Z Jo	AN	4)	GRAN	2/16/98	
	Signature, typed print	ed name of registered agent an OFFICERS AND D	d titin if applicable (N	IOTE: Registe	red Age		guired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DP	OFFICERS AND D	DELETE	1.1	TITLE		Change Addition	
NAME	LEWIS, RICH	ARD		1.2	NAME		·	
STREET ADDRESS	1892 COLE (1.3	STREET	ADDRESS		
CITY-ST-ZIP	EAST MEADO	OW NY	Document		CITY-S	T- ZIP	I Character I I I I I I I I I I I I I I I I I I I	
TITLE NAME	DST Stein, evan	1	☐ DELETE		TITLE NAME	1	Change Addition	
STREET ADDRESS	60 CYPRESS					ADDRESS		
CITY-ST-ZIP	STAMFORD (4	4 CITY-S			
TITLE	DV		☐ DELETE		TITLE		Change Addition	
NAME	GRANT, JOH				NAME			
STREET ADDRESS CITY-ST-ZIP	ENTERPRISE	DRUM TRAIL			STREET L CITY-5	ADDRESS		
TITLE	CHICHINGE	<u> </u>	☐ DELETE		TITLE	11 · ZIP	Change Addition	
NAME					2 NAME]		
STREET ADDRESS				4.3	STREET	ADDRESS		
CITY-ST-ZIP			Deter		CITY-S	T-ZIP		
TITLE			☐ DELETE		TITLE		Change Addition	
NAME Street address					NAME STREET	ADORESS		
CITY-ST-ZIP					CITY-S			
TITLE			DELETE		TITLE		Change Addition	
NAME					NAME	ĺ		
STREET ADDRESS					STREET	ADDRESS		
CiTY-ST-2IP				■ F.4	4711V.C	1. NP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

RICHARD LEWIS*

2/6/88**

7/8/63/-0606**

SIGNATURE:

FILED

Feb 24 1998 8:00am