

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37992

FILED
Feb 27, 2006
Secretary of State

Entity Name: CARLISLE CLUB HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3697610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: DESMARAIS, JOSEPH
Address: 1536 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

Title: VPD () Delete
Name: HORNSBY, BARBARA
Address: 1455 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

Title: VPD () Delete
Name: GATES, DEBBIE
Address: 1522 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

Title: SD () Delete
Name: SPOSARO, DINA
Address: 1426 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

Title: TD () Delete
Name: GIPSON, MEL
Address: 1488 HIGHLAND RIDGE CIRCLE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: KIRK, MICHAEL
Address: 1516 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

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: JOSEPH DESMARAIS

PD

02/27/2006

Electronic Signature of Signing Officer or Director

Date