2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N37992

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: KIRK, MICHAEL
Address: 1516 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: TD (X) Change ( ) Addition
Name: GATES, DEBORAH
Address: 1522 HIGHLAND RIDGE CIR
City-St-Zip: BRANDON, FL 33510

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

Title: D (X) Change ( ) Addition
Name: HOVELSON, KATHRYN
Address: 1533 HIGHLAND RIDGE CIRCLE
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify 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: JOE DESMARAIS PD 04/07/2008

Electronic Signature of Signing Officer or Director — Date