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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90046 017 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000302

1. Corporation Name

CARLTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3600 CLUB PLACE
BOCA RATON FL 33496

Mailing Address

3600 CLUB PLACE
BOCA RATON FL 33496



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

65-0465966

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JULIEN, ROBERT
3600 CLUB PLACE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

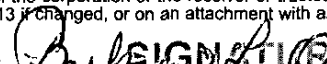
12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	CSAPO, JOHN	
STREET ADDRESS	3600 CLUB PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	VD	☒ DELETE
NAME	JULIEN, ROBERT	
STREET ADDRESS	3600 CLUB PLACE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	☒ DELETE
NAME	CLARK, MIKE	
STREET ADDRESS	3600 CLUB PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RICHARD SYMS	
1.3 STREET ADDRESS	3625 N.W. 62ND STREET	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	LARRY GOOD	
2.3 STREET ADDRESS	3649 NW 62ND STREET	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	MARTHA KERSH	
3.3 STREET ADDRESS	3609 NW 62ND STREET	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
4.1 TITLE	SD	☐ Change ☒ Addition
4.2 NAME	BARBARA O'DONNELL	
4.3 STREET ADDRESS	3681 NW 62ND STREET	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	ROXANNE GROBBEL	
5.3 STREET ADDRESS	3680 NW 62ND STREET	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99

CR2E037 (1/98)