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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000302

1. Corporation Name

CARLTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3600 CLUB PLACE BOCA RATON FL 33496	3600 CLUB PLACE BOCA RATON FL 33496

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 01/21/1994

4. FEI Number: 65-0465966 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☑ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CSAPO, JOHN		1.2 NAME	RICHARD SYMS	
STREET ADDRESS	3600 CLUB PLACE		1.3 STREET ADDRESS	3625 N.W. 62ND STREET	
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	JULIEN, ROBERT		2.2 NAME	LARRY GOOD	
STREET ADDRESS	3600 CLUB PLACE		2.3 STREET ADDRESS	3649 NW 62ND STREET	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	ST	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	CLARK, MIKE		3.2 NAME	MARTHA KERSH	
STREET ADDRESS	3600 CLUB PLACE		3.3 STREET ADDRESS	3609 NW 62ND STREET	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME			4.2 NAME	BARBARA O'DONNELL	
STREET ADDRESS			4.3 STREET ADDRESS	3681 NW 62ND STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	ROXANNE GROBBEL	
STREET ADDRESS			5.3 STREET ADDRESS	3680 NW 62ND STREET	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Barbara O'Donnell SIGNATURE REQUIRED — 1-25-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #