

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90015 001 ****61.25

DOCUMENT # N94000000302

1. Entity 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 33496-2702**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0465966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JULIEN, ROBERT
3600 CLUB PLACE
BOCA RATON FL 33496**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYMS, RICHARD 3625 NW 62ND ST BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOOD, LARRY 3649 NW 62ND ST. BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KERSH, MARTHA 3609 NW 62ND ST. BOCA RATON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ODONNELL, BARBARA 3681 NW 62ND ST BOCA RATON FL 33496	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROBBEL, ROXANNE 3680 NW 62ND ST BOCA RATON FL 33496	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOD, LARRY 3649 NW 62ND ST. BOCA RATON, FL 33496	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ALAN 3673 NW 62ND ST BOCA RATON, FL 33496	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BELFORD, HOWARD 3657 NW 62ND ST BOCA RATON, FL. 33496	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)