

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000302

1. Entity Name

CARLTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0465966

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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	PD RANDELL, JACK	☐ Delete
STREET ADDRESS	3648 NW 62ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	VPD BEEIWISE, FRANI	☐ Delete
STREET ADDRESS	3689 NW 62ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	TD KERSH, MARTHA	☐ Delete
STREET ADDRESS	3609 NW 62ND ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	SD ODONNELL, BARBARA	☐ Delete
STREET ADDRESS	3681 NW 62ND ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	D BELFORD, HOWARD	☐ Delete
STREET ADDRESS	3657 NW 62ND ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		☐ Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR FRANI BLEIWISE	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VICE PRESIDENT	☒ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

X *STANLEY A. KERSH*

4/24/2002

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91286 038 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)