2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 25, 2004 8:00 am Secretary of State DOCUMENT # N94000000302 1. Entity Name 03-25-2004 90025 021 ****70.00 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. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0465966 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISAACSON, WILLIAM K Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** City 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. t am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition RANDELL, JACK NAME 3648 NW 62ST STREE, MODRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE BEEIWISE, FRANI NAME 3 NAME 3689 NW 62ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KERSH, MARTHA NAME NAME 3609 NW 62ND ST. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE ODONNELL, BARBARA NAME NAME 3681 NW 62ND ST STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP VPD TITLE ☐ Delete ☐ Change ☐ Addition BELFORD, HOWARD NAME NAME 3657 NW 62ND ST STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED