

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90043 011 ****70.00

DOCUMENT # N94000000302		
1. Entity Name CARLTON PLACE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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 ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RANDELL, JACK 3648 NW 62ST BOCA RATON FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEIWISE, FRANI 3689 NW 62ST BOCA RATON FL 33496 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARR, FRANI 3689 NW 62ST BOCA RATON, FL 33496 ☒ Change ☐ Addition
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	STD O'DONNELL, BARBARA 3681 NW 62ST BOCA RATON, FL 33496 ☐ Change ☒ Addition
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	TD BROCKWAY, PETER 3680 NW 62ST BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELFORD, HOWARD 3657 NW 62ND ST BOCA RATON FL 33496 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: *Barbara O'Donnell* **3-23-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #