

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90031 003 ****70.00

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature must be used when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RANDELL, JACK
STREET ADDRESS 3648 NW 62ST
CITY- ST- ZIP BOCA RATON FL 33496

TITLE D ☐ Delete
NAME LEVINE, JEFFERY
STREET ADDRESS 3672 NW 62ND ST
CITY- ST- ZIP BOCA RATON FL 33496

TITLE STD ☐ Delete
NAME O'DONNELL, BARBARA
STREET ADDRESS 3681 NW 62 ST
CITY- ST- ZIP BOCA RATON FL 33496

TITLE TD ☐ Delete
NAME KERSH, MARTHA
STREET ADDRESS 3609 NW 62ND ST
CITY- ST- ZIP BOCA RATON FL 33496

TITLE VPD ☐ Delete
NAME BELFORD, HOWARD
STREET ADDRESS 3657 NW 62ND ST
CITY- ST- ZIP BOCA RATON FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Martha Kersh* *Martha Kersh* *3/20/2008*