

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 JUN 12 PM 3: 15

DOCUMENT #

N 950000005962

1. Entity Name

Carterbury Green Homeowners Association Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

410 Newell Property Mgmt 410 Newell Property Mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4148A Corporate Square 4148A Corporate Square

City & State

City & State

Naples FL 8 Naples FL 8

Zip

Country

Zip

Country

34104 USA 34104 USA

4. FEI Number

05-0657805

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

William A Newell 4148A Corporate Square Naples FL 34104

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

[Signature] William NEWELL 5/15/00

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

Table with 2 columns: Officers and Directors, and Additions/Changes to Officers and Directors. Includes names like Susan Brown, Pierina Caldera, and Stephen Lake with their addresses and titles.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 5-23-00 941-262-2598

CRZE037 (9/99)