


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004660

1. Entity Name
CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.



Principal Place of Business
PARADISE PROPERTY MGMT. GROUP, INC.
828 ANCHOR RODE DR.
NAPLES, FL 34103

Mailing Address
828 ANCHOR RODE DR.
NAPLES, FL 34103



02232004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0810670

Applied For
 Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARADISE PROPERTY MGMT. GROUP, INC.
838 ANCHOR RODE DR.
NAPLES, FL 34103

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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 required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000147507
 05/03/04-80110-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANZA, LOU 6014 HIGHWOOD PARK LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, MARIE 6101 HIGHWOOD PARK LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSCANO, YVONNE 6065 HIGHWOOD PARK LANE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONTZA, FRED 6069 HIGHWOOD PARK CT NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ORRIS 6066 HIGHWOOD PARK CT NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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

SIGNATURE *[Signature]* - President HOA-I Feb 26, 2004