


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90173 029 \*\*\*\*61.25

**DOCUMENT # N98000004660**  
 1. Entity Name  
**CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.**



Principal Place of Business  
**840 111TH AVE. NORTH  
 SUITE 9  
 NAPLES, FL 34108**

Mailing Address  
**840 111TH AVE. NORTH  
 SUITE 9  
 NAPLES, FL 34108**

2. Principal Place of Business  
**810 Anchor Rode Drive**

3. Mailing Address  
**810 Anchor Rode Drive**

Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State  
**Naples FL**

Zip  
**34103**

Country  
**USA**

Zip  
**34103**

Country  
**USA**

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0810670**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARADISE PROPERTY MGMT. GROUP, INC.  
 840 111TH AVE. NORTH  
 SUITE 9  
 NAPLES, FL 34108**

7. Name and Address of New Registered Agent  
 Name  
**Paradise Property Management Group**  
 Street Address (P.O. Box Number is Not Acceptable)  
**810 Anchor Rode Drive**  
 City  
**Naples FL** Zip Code  
**34103**

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 *Jeanne Hedberg* DATE **4-26-06**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	V SAUER, MARGERY 6082 HIGHWOOD PARK COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIEYZ, JOSEPH 6025 HIGHWOOD PARK LANE NAPLES, FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYDELETTE, CHARMAINE 6001 HIGHWOOD PARK LANE NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPELAND, JUDD 6077 HIGHWOOD PARK COURT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, ORRIS 6066 HIGHWOOD PARK CT NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY: ( ) Change (x) Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Johnson 6066 Highwood Park Ct. Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Jeff Gagnon 6005 Highwood Park Lane Naples	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rob Aydelette 6001 Highwood Park Lane Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of support is true and accurate and that my signature of this report has 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: *Linda Johnson* DATE: **4-25-06** 239-254-1262  
 Signature, typed or printed name of signing officer or director. Date. (Outline Figure #)