

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90041 017 ****61.25

DOCUMENT # N98000004660 1. Entity Name CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.					
Principal Place of Business C/O PARADISE PROPERTY MGMT 810 ANCHOR RODE DR NAPLES, FL 34103			Mailing Address C/O PARADISE PROPERTY MGMT 810 ANCHOR RODE DR NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 90 Paradise Property Mgmt Suite, Apt. #, etc. 802 Anchor Rode Drive		3. Mailing Address. 90 Paradise Property Mgmt Suite, Apt. #, etc. 802 Anchor Rode Drive			
City & State Naples FL		City & State Naples FL		4. FEI Number 65-0810670	
Zip 34103		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDBERG, JEANNINE CAM C/O PARADISE PROPERTY MGMT GROUP 810 ANCHOR RODE DRIVE NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Paradise Property Management Group Street Address (P.O. Box Number is Not Acceptable) 802 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 <u><i>Jeannine Hedberg, CAM</i></u> DATE <u>3-29-08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME JOHNSON, LINDA STREET ADDRESS 6066 HIGHWOOD PARK CT CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE VP NAME Linda Johnson STREET ADDRESS 6066 Highwood Park Court CITY-ST-ZIP Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HAMILTON, PAULA STREET ADDRESS 6074 HIGHWOOD PARK COURT CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete		TITLE P NAME Steve Warner STREET ADDRESS 6125 Highwood Park Lane CITY-ST-ZIP Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WARNER, STEVE STREET ADDRESS 6125 HIGHWOOD PARK LANE CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE D NAME Robert Aydelette STREET ADDRESS 6001 Highwood Park Lane CITY-ST-ZIP Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME AYDELETTE, ROBERT STREET ADDRESS 6001 HIGHWOOD PARK LANE CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE D NAME Judy Raica STREET ADDRESS 6033 Highwood Park Lane CITY-ST-ZIP Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME ANDERSON, RICHARD STREET ADDRESS 6082 HIGHWOOD PARK COURT CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		TITLE S/T NAME Richard Anderson STREET ADDRESS 6082 Highwood Park Court CITY-ST-ZIP Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <u><i>Steve Warner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>March 29, 2008</u> Daytime Phone # _____		