

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90093 044 ****61.25

DOCUMENT # 754133

1. Entity Name

CARRON HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4600 S OCEAN BLVD
HIGHLAND BCH FL 33487-5390

Mailing Address

4600 S OCEAN BLVD
HIGHLAND BCH FL 33487-5390

24004000



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2209122

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

BONIER, ALBERT
4600 S OCEAN BLVD
HIGHLAND BEACH FL 33487

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

X A. Bonier
A. BONIER

Secretary

1-21-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	VP	<input type="checkbox"/> Delete
NAME	THOMAS, GEORGE	
STREET ADDRESS	4600 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOYER, ROBERT	
STREET ADDRESS	4600 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARAVETTE, FRANK	
STREET ADDRESS	4600 S. OCEAN BLVD.	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAPUTO, ROY	
STREET ADDRESS	4600 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BONIER, ALBERT	
STREET ADDRESS	4600 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERMAN SAXL	
STREET ADDRESS	4600 S. Ocean Blvd	
CITY-ST-ZIP	Highland Bch, FL 33487	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK BAKELMAN	
STREET ADDRESS	4600 S. Ocean Blvd	
CITY-ST-ZIP	Highland Bch FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *X Albert Bonier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04 561 395-9334

Date

Daytime Phone #