


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90020 036 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VP		TITLE	VP	
NAME	THOMAS, GEORGE		NAME	SPARKS, HAROLD	
STREET ADDRESS	4600 S OCEAN BLVD		STREET ADDRESS	4600 S. Ocean Blvd	
CITY-ST-ZIP	HIGHLAND BCH FL 33487		CITY-ST-ZIP	Highland Beach FL 33487	
TITLE	D		TITLE		
NAME	WEINBERG, NORMAN		NAME		
STREET ADDRESS	4600 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL 33487		CITY-ST-ZIP		
TITLE	P		TITLE		
NAME	CARAVETTE, FRANK		NAME		
STREET ADDRESS	4600 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	BAKELMAN, JACK		NAME		
STREET ADDRESS	4600 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL 33487		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	BONIER, ALBERT		NAME		
STREET ADDRESS	4600 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BCH FL 33487		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2209122** Applied For
Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

A. Bonier

1/24/06

561-395-9334