

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90018 004 ****61.25

DOCUMENT # 752027

1. Entity Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2821 N E 163 ST
NORTH MIAMI BEACH FL 33160
US

Mailing Address

C/O BEST WAY PMC.
14853 NE 20TH AVE
NORTH MIAMI FL 33181
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1998418

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

OTTO, PA, STRALEY
3990 SHERIDAN ST #109
HOLLYWOOD FL 33021

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

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

(NOTE: Registered Agent signature not used when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME VIBEKE, SOLOMON
STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 2821 NE 163 ST
CITY-STATE-ZIP MIAMI FL 33172 N.M. BEACH, FL. 33160

TITLE D
NAME Amy Estrela
STREET ADDRESS 2821 NE 163 St.
CITY-STATE-ZIP North Miami Beach FL 33160.

TITLE T
NAME KRISTAL, JERRY
STREET ADDRESS 282 NE 163 ST #5X
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D
NAME ESTRELA, MANUEL
STREET ADDRESS 2821 NE 163 ST
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D
NAME GUTFREIND
STREET ADDRESS GUTPRIEND, TOMAS
CITY-STATE-ZIP 2821 NE 163 ST
NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP
NAME SHELDON, JUDITH
STREET ADDRESS 2821 NE 163 ST
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S
NAME DUBAS
STREET ADDRESS DUBAS, MARGARET
CITY-STATE-ZIP 2821 NE 163 ST
NORTH MIAMI BEACH FL 33160

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: *Elaine Asbury*

1-25-08 3059440232.