

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752027

Entity Name: CARLTON BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2821 N.E. 163 ST
NORTH MIAMI BEACH, FL 33160**Current Mailing Address:**CARLTON BAY CONDOMINIUM ASSOCIATION.
2821 N.E. 163RD STREET
NORTH MIAMI BEACH, FL 33160 US**FEI Number:** 59-1998418**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OTTO, PA, STRALEY
2699 STIRLING ROAD SUITE C-207
HOLLYWOOD, FL 33312 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BOBSON, WILLIAM
Address	2821 N.E. 163 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	VP
Name	CHOUHBI, SAID
Address	2821 N.E. 163RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	SECRETARY
Name	KRISTAL, JERRY
Address	2821 N.E. 163RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	TREASURER
Name	GOLDIN, MILA
Address	2821 N.E. 163RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	GUTFREIND, TOMAS
Address	2821 N.E. 163RD STREET 4B
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	CEDIEL, AIDA
Address	2821 N.E. 163 RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	DIRECTOR
Name	MENA, JOEL
Address	2821 N.E. 163RD STREET
City-State-Zip:	NORTH MIAMI BEACH FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAID CHOUHBI

VICE PRESIDENT

06/18/2015

Electronic Signature of Signing Officer/Director Detail_____
Date