

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001165

**Entity Name:** CARRINGTON PLACE AT FLEMING ISLAND PLANTATION  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2023**  
**Secretary of State**  
**2339272595CC**

**Current Principal Place of Business:**

C/O THE CAM TEAM  
2233 PARK AVENUE, SUITE 103  
ORANGE PARK, FL 32073

**Current Mailing Address:**

C/O THE CAM TEAM  
2233 PARK AVENUE, SUITE 103  
ORANGE PARK, FL 32073 US

**FEI Number: 90-0370401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MELTON, LINDA K CAM  
C/O THE CAM TEAM  
2233 PARK AVENUE, SUITE 103  
ORANGE PARK, FL 32073 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:** LINDA K. MELTON

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ISLEY, DONNA  
Address        C/O THE CAM TEAM  
                  2233 PARK AVENUE, SUITE 103  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            HOELSCHER, JEAN  
Address        C/O THE CAM TEAM  
                  2233 PARK AVENUE, SUITE 103  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            CHAITAN, JUDY  
Address        C/O THE CAM TEAM  
                  2233 PARK AVENUE, SUITE 103  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            NELSON, RICK  
Address        C/O THE CAM TEAM  
                  2233 PARK AVENUE, SUITE 103  
City-State-Zip: ORANGE PARK FL 32073

Title            DIRECTOR  
Name            LOUGHEED, PATRICIA  
Address        C/O THE CAM TEAM  
                  2233 PARK AVENUE, SUITE 103  
City-State-Zip: ORANGE PARK FL 32073

*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:** DONNA ISLEY

**PRESIDENT**

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date