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 it 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.

# Entity Name: CARILLON WOODS HOMEOWNERS' ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD #101 FT. MYERS, FL 33912

# **Current Mailing Address:**

DOCUMENT# N18476

C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD #101 FT. MYERS, FL 33912 US

# FEI Number: 59-2767642

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

ASSOCIA GULF COAST C/O ASSOCIA GULF COAST 13461 PARKER COMMONS BLVD #101 FT. MYERS, FL 33912 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

### **Officer/Director Detail :**

Olliool/Blioc			
Title	PD	Title	VPD
Name	FITZGERALD, DREW	Name	TOWE, VERONICA
Address	13461 PARKER COMMONS BLVD #101	Address	13461 PARKER COMMONS BLVD #101
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	TD	Title	SD
Title Name	TD SOHN, MICHAEL	Title Name	SD WEEKS, ANNEMARIE

SIGNATURE: DREW FITZGERALD

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

03/28/2014 Date

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PRESIDENT

Date