

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18476

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2767642

**Certificate of Status Desired:** No

**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:** MICHAEL FLEMING

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           WEEKS, ANNEMARIE  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD #101  
  
City-State-Zip: FT. MYERS FL 33912

Title            TD  
Name           SOHN, MICHAEL  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD #101  
  
City-State-Zip: FT. MYERS FL 33912

Title            SECRETARY  
Name           DRAKE, DREW  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD #101  
  
City-State-Zip: FT. MYERS FL 33912

Title            VP  
Name           KEARNS, KEVIN  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD #101  
  
City-State-Zip: FT. MYERS FL 33912

Title            DIRECTOR  
Name           MAHAN, RONALD  
Address        C/O ASSOCIA GULF COAST  
                  13461 PARKER COMMONS BLVD #101  
  
City-State-Zip: FT. MYERS FL 33912

*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:** ANNEMARIE WEEKS

PRESIDENT

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date