

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004660

Entity Name: CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.

FILED
Apr 14, 2015
Secretary of State
CC8179836767

Current Principal Place of Business:

C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N, STE. 402
NAPLES, FL 34103

Current Mailing Address:

C/O CAMBRIDGE MANAGEMENT
2335 TAMIAMI TRAIL N, STE. 402
NAPLES, FL 34103

FEI Number: 65-0810670

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMBRIDGE MANAGMENT OF SWFL
2335 TAMIAMI TRAIL N
STE. 402
NAPLES, FL 34103 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 SECRETARY
Name RAICA, JUDY
Address 2335 TAMIAMI TRAIL N STE. 402
City-State-Zip: NAPLES FL 34103

Title PRESIDENT
Name APPLEBY, DAVE
Address 2335 TAMIAMI TRAIL N STE. 402
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name MANSOUR, DREW
Address 2335 TAMIAMI TRAIL N STE. 402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name CRAWFORD, NANCY
Address 2335 TAMIAMI TRAIL N STE. 402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name AVEDISIAN, ANNETTE
Address 2335 TAMIAMI TRAIL N STE. 402
City-State-Zip: NAPLES FL 34103

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: DAVE APPLEBY

PRESIDENT

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date