

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004660

**Entity Name:** CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.**Current Principal Place of Business:**C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD # 2  
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD # 2  
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-0810670**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMBRIDGE MANAGMENT OF SWFL  
C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD # 2  
BONITA SPRINGS, FL 34135 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 BLEWITT, DOUG  
Address C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD SUITE  
2  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name CAMPANELLI, MIKE  
Address C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD SUITE  
2  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name CHESSLO, JAY  
Address C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD SUITE  
2  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name O'CONNELL, CATHRINE  
Address C/O CAMBRIDGE MANAGEMENT  
9001 HIGHLAND WOODS BLVD SUITE  
2  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** MIKE CAMPANELLI

PRSDENT

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date