

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004660

Entity Name: CARLTON LAKES HOMEOWNERS I ASSOCIATION, INC.

FILED
Mar 18, 2021
Secretary of State
8730468090CC

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 VP
Name CHESSLO, JAY
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 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

PRSIDENT

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date