

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003436

**Entity Name:** CARLTON DUNES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5440 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034**Current Mailing Address:**C/O AMELIA ISLAND MANAGEMENT  
5440 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034 US**FEI Number:** 59-3645079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUIR, ROBERT CIII  
5440 FIRST COAST HWY.  
AMELIA ISLAND, FL 32034 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	PD
Name	SOLOMON, TEDDY
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	TD
Name	KERBER, GARY
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	D
Name	CALABRO, DAVID
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	DIRECTOR
Name	EVANS, STEPHANIE
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	VD
Name	HOWE, RICK
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	D
Name	ROBERTS, LEROY
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	D
Name	LOTT, DAVID S
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

Title	TREASURER
Name	MAYER, MICHAEL C
Address	C/O AMELIA ISLAND MANAGEMENT 5440 FIRST COAST HWY.
City-State-Zip:	AMELIA ISLAND FL 32034

*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:** TEDDY SOLOMON**PRESIDENT****03/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date