

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:49

DOCUMENT # 749503 (9)
1. Corporation Name
THE CARLTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**3000 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

Mailing Address
**3000 EAST SUNRISE BOULEVARD
FORT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/25/1979	3a. Date of Last Report 04/14/1994
4. FEI Number 59-1959353	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**ASHCRAFT, WILLIAM E
315 NE 3RD AVE 2 FLOOR
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	GIAMMARESI, ROBERT A	1.2 NAME	CAMAIONI, JOHN
STREET ADDRESS	3000 E. SUNRISE BLVD	1.3 STREET ADDRESS	3000 E SUNRISE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	DP	2.1 TITLE	
NAME	ANDERSON, LOUIS C	2.2 NAME	
STREET ADDRESS	3000 E. SUNRISE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	GLASGOW, IRRIS	3.2 NAME	
STREET ADDRESS	3000 E. SUNRISE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FRANKLIN, SHEILA	4.2 NAME	
STREET ADDRESS	3000 E. SUNRISE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DVP
NAME	MOORE, JESSE LEE	5.2 NAME	MOORE, JESSE LEE
STREET ADDRESS	3000 E. SUNRISE BLVD	5.3 STREET ADDRESS	3000 E SUNRISE BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE