## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

749503

(9)

THE CARLTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				U EDGIO) 1890 B/D/W 2008 # \$1101 MAINA (	ili eibit osası kralı atanı bibti klüsi ibes
		3000 EAST SUNRISE BOULE FORT LAUDERDALE FL 3330			
				3. Date Incorporated or Qualified 10/25/1979	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1959353	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζίρ 29 3	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032,
	9. Name and Address of Curre		<u>~</u>	10. Name and Address of New Re	
			81 Name		
ENGELBERG, CANTOR & LEONE YANKEE CLIPPER CENTER			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
3230 STIRLING RD			63	<del></del>	,
HOLLYM	700D FL 33021		84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statuter	s, the above-named cor	poration submits this statement for the p	
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was au gations of, Section 617.0503, Flor	ithorized by the corpora ida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	it the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered as		Registered Agent signature requ		DATE
12.	DVP	ND DIRECTORS  DELETE	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	LAZAROW, JOSEPH	otten	1.2 NAME		College College
STREET ADDRESS	3000 E SUNRISE BLVD		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	•	•
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	HANDERHAN, GARY		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	☐ DELETE	3.1 TITLE		Change Addition
NAME	GLASGOW, IRRRIS		3.2 NAME		
STREET ADDRESS	3000 E. SUNRISE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	DELEGE	3.4. CITY-ST-ZIP		
TITLE	D D	☐ DELETE	4.1 TITLE	•	Change Addition
NAME	FRANKLIN, SHEILA		4 2 NAME		
STREET ADDRESS	3000 E. SUNRISE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL.	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME	MOORE, JESSE LEE		5.2 NAME		En everige En Mobilion
STREET ADDRESS	3000 E SUNRISE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP		
1/1LE	1 II CAUPLIDALL I E	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
Atoter inter					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST-ZIP

C(TY-ST-ZIP

**FILED** 

Mar 11 1997 8:00am

Secretary of State

Daytime Phone # 0035621