

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90061 045 ****61.25

DOCUMENT # 749503

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1959353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ENGELBERG, CANTOR & LEONE
YANKEE CLIPPER CENTER
3230 STIRLING RD
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **POPE, BARBARA**
STREET ADDRESS **3000 E SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☒ Delete
NAME **PUCEK, ANGELA**
STREET ADDRESS **3000 E. SUNRISE BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ Delete
NAME **RAMOS, RENE**
STREET ADDRESS **3000 E. SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **DVP** ☐ Delete
NAME **ROSS, JOHN**
STREET ADDRESS **3000 E SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☒ Delete
NAME **WALKER, WENDY**
STREET ADDRESS **3000 E SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **RON MANGANO**
STREET ADDRESS **3000 E. SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FLA 33304**

TITLE **STD** ☐ Change ☒ Addition
NAME **KILGORE, TERRY**
STREET ADDRESS **3000 E. SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **VALVERDE, FERNANDO**
STREET ADDRESS **3000 E. SUNRISE BLVD**
CITY-ST-ZIP **FT. LAUDERDALE, FLA 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON MANGANO REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 563-8418

Date

Daytime Phone #

CR2E037 (10/00)