

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90201 037 ****61.25

DOCUMENT # 750182

1. Entity Name
CARLETON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
PROFESSIONALLY YOURS, INC
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904 US

Mailing Address
C/O PROFESSIONALLY YOURS INC
PO BOX 100831
CAPE CORAL, FL 33910 US

40010111



2. Principal Place of Business

American Condo Mgmt
Suite, Apt. #, etc.
909 SE 47th Terr, #105

3. Mailing Address

American Condo Mgmt
Suite, Apt. #, etc.
PO Box 100399

04252005 Chg-NP CR2E037 (10/03)

City & State
CAPE CORAL FL
Zip
33904 Country
USA

City & State
CAPE CORAL FL
Zip
33910 Country
USA

4. FEI Number
59-2174650 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMPBELL, PHILIP
PROFESSIONALLY YOURS INC
1342 SE 46TH LANE #3
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name
SUSAN KASE
Street Address (P.O. Box Number is Not Acceptable)
American Condominium Mgmt, Inc
909 SE 47th Terr, #105
City
CAPE CORAL FL Zip Code
33904

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Susan Kase**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/05

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
IRISH, DANIEL
3923 SE 11TH AVE #304
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PAPARONE, SANTO
3928 SE 11TH PL #408
CAPE CORAL, FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DOWNIE, CATHERINE
3913 SE 11TH AVENUE #202
CAPE CORAL, FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POLZIN, BONNIE
3903 SE 11TH AVENUE #102
CAPE CORAL, FL 33904 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DIFAZZIO, ALDA
3928 SE 11TH PLACE # 404
CAPE CORAL, FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD IRISH, DANIEL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD LEE PEARSALE ☐ Change ☐ Addition
3834 SE 11th PL, # 708
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD BERNICE JOHNSON ☐ Change ☐ Addition
3913 SE 11th Ave #203
CAPE CORAL, FL 33904

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D DORIS DELANEY ☐ Change ☐ Addition
3834 SE 11th PL, #701
CAPE CORAL, FL 33904

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

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: **Lee W Pearsall** **Lee W Pearsall** **4/26/05** **239-542-4404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #