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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # 751430 (0)

1. Corporation Name

THE CARLTON (BOCA RATON) CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
901 E CAMINO REAL BOCA RATON FL 33432 US	901 E CAMINO REAL BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1980
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2030377 ☐ 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 — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A., ESQ.
450 AUSTRALIAN AVE., SUITE 720
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 500 AUSTRALIAN AVENUE - 9TH FLOOR
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BROOKS, MARVIN	1.2 NAME		
STREET ADDRESS	901 E CAMINO REAL #3D	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	KAPLAN, MARTHA R.	2.2 NAME		
STREET ADDRESS	901 E CAMINO REAL, #10D	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	JABLIN, MORTON	3.2 NAME	JABLIN, MORTON	
STREET ADDRESS	901 E CAMINO REAL #3C	3.3 STREET ADDRESS	901 E. CAMINO REAL #3C	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	
TITLE	SD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	KATZENSTEIN, RICHARD	4.2 NAME	NEALE, ROBERT	
STREET ADDRESS	901 E CAMINO REAL #8C	4.3 STREET ADDRESS	901 E. CAMINO REAL #11B	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	
TITLE	PD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	COHEN, CAROLYN	5.2 NAME	LORBER, PHILIP, M.	
STREET ADDRESS	901 E CAMINO REAL #9C	5.3 STREET ADDRESS	901 E. CAMINO REAL #9A	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FLORIDA 33432	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 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.

SIGNATURE: Marvin Brooks - MARVIN BROOKS 3-28-95 407-395-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # DIRECTOR

0048430