

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751430 (0)
1. Corporation Name
THE CARLTON (BOCA RATON) CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**901 E CAMINO REAL
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified
03/07/1980

3a. Date of Last Report
04/14/1995

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**

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

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

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)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BROOKS, MARVIN	
STREET ADDRESS	901 E CAMINO REAL #3D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	☒ DELETE
NAME	KAPLAN, MARTHA R.	
STREET ADDRESS	901 E CAMINO REAL, #10D	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	☒ DELETE
NAME	JABLIN, MORTON	
STREET ADDRESS	901 E CAMINO REAL #3C	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	☐ DELETE
NAME	NEALE, ROBERT	
STREET ADDRESS	901 E CAMINO REAL #11B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	☒ DELETE
NAME	LORBER, PHILLIP M	
STREET ADDRESS	901 E CAMINO REAL #9A	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	BROOKS, MARVIN	
1.3 STREET ADDRESS	901 E. CAMINO REAL #3D	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	COHEN, CAROLYN	
2.3 STREET ADDRESS	901 E. CAMINO REAL, #9C	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	DANIEL EBERT	
3.3 STREET ADDRESS	901 E. CAMINO REAL	
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME	NEALE, ROBERT	
4.3 STREET ADDRESS	901 E. CAMINO REAL #11B	
4.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
5.1 TITLE	TD	☐ Change ☒ Addition
5.2 NAME	PIELET, JOAN	
5.3 STREET ADDRESS	901 E. CAMINO REAL	
5.4 CITY-ST-ZIP	BOCA RATON, FL. 33432	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)