## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name 751430

(0)

THE CARLTON (BOCA RATON) CONDOMINIUM ASSOCIATION

, INC.	,	•										
Principal Place of Business Mailing Address										ISII DISII DIBIL		B     14      14
901 E CAMINO REAL BOCA RATON FL 33432 US				901 E CAMINO REAL BOCA RATON FL 33432-6355 US								
									3. Date incorporated or Qualified 03/07/1980		e of Last P <b>4/17/19</b>	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-2030377			pplied For
Suite, Ant. #, etc.			26]	Suite, Apt. #, etc.					38 200077	***************************************	,	ot Applicable Additional
22			27	<del> </del>					5. Certificate of Status Desired			equired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23			28						Trust Fund Contribution		Added	to Fees
Zip 24	Country		20	Zip Ci		Country			8. This corporation has liability for i	intangible ti Yes 🔲		i. 1 <b>9</b> 9. <b>0</b> 32,
24]			egistered Agent					10. Name and Address of New Registered Agent				
81 Name										<u> </u>	E	
POLIAKOFF, GARY A., ESQ.						82	Street	Addres	ss (P.O. Box Number is Not Acceptab	ole)		
450 AUSTRALIAN AVE., SUITE 720				83								
WEST PALM BEACH FL 33401												
						84	City			FL	85 Zip	Code
11. Pursuant	to the provision	s of Sections 617.050	2 and 6	17.1508, Florida Sta	tutes, t	he abov	e-named	corpo	ration submits this statement for the p	urpose of c	hanging r	ts 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 ag-					ent signature	required	s when reinstating)	DATE		
12.	10	OFFICERS AN	D DIREC	DELETE		13.		***	ADDITIONS/CHANGES TO OFFIC		DIRECTOF Change	RS IN 12
TITLE	VD PDOOKS	LIADVANI		□ pereie		1.1 TITLE		PD		u	K) Changa	L.J Addition
NAME	BROOKS, MARVIN  DDRESS 901 E CAMINO REAL #3D			12 NAME					OOKS, MARVIN 1 E. CAMINO REAL	# 3D		
STREET ADDRESS	BOOK BATOM EL			E .			1			432		
CITY-ST-ZIP TITLE	VD VD	ONTL		DELETE		1.4 CITY - 5 2.1 TITLE	SI-ZIP	טם	CA RATON, FL 33.	132	Change	Addition
NAME	,	AROLVN		DECENE	ľ	2.2 NAME		ł		L	- Cridings	Madition
STREET ADDRESS	COHEN, CAROLYN 901 E CAMINO RAL, #9C						2.3 STREET ADDRESS		•			
CITY-ST-ZIP	BOOL DITOUR						2. 4 CITY - ST - ZIP					
TITLE	SD	IVITIE		A DELETE		3.1 TITLE	31-24	SD		r	Change	Addition
NAME	EBERT. D	ANIFL.			•	32 NAME		WI	NBERG, BURTON	•		
STREET ADDRESS									1 E. CAMINO REAL	#PH1	C T	
CITY - ST - ZIP	BOCA RA					3.4. CITY-	- 1	1		432		
TITLE	PD	***************************************		X DELETE		4.1 TITLE		TD			Change	Addition
NAME	NEALE, R	OBERT				4. 2 NAME		МО	SER, MARCIA			**
STREET ADORESS		MINO REAL #11B			•	4.3 STREET	ADDRESS		1 E. CAMINO REAL	, #5C		
CITY-S1-ZIP	BOCA RA				J	4.4 CITY - 5	ST-ZIP	BO	CA RATON, FL 334:	32		
1/ILF	TD			☐ DELETE		5.1 TITLE			S7D	ţ	Change	Addition
NAME	PIELET, J				j	5.2 NAME			ELET, JOAN	и	_	
STREET ADDRESS		MINO REAL				5.3 STREET	T ADDRESS	ł	1 E. CAMINO REAL	•	C	
CITY-ST-ZIP	BOCA RA	TON FL		· · · · · · · · · · · · · · · · · · ·		5.4 CITY-5	ST-ZIP	BO	CA RATON, FL 33	432		<u></u>
TITLE				DELETE		6.1 TITLE				Ţ	Change	☐ Addition
NAME						6.2 NAME						
STREET ADDRESS	ļ					6.3 STREET	ADDRESS	[				ĺ
CITY-ST-ZIP	L				1	6.4 CITY-5	ST - ZIP	L				

14. I do hereby certify that the information supplied with this flips 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 attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 31 1997 8:00am

Secretary of State