2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-09-2007 90043 005 ****61.25

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1. Entity 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

01052007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2030377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY A., ESQ.
3111 STERLING RD
FORT LAUDERDALE, FL 33312-6525

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	COHEN, CAROLYN
STREET ADDRESS	901 E CAMINO REAL #9C
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	S
NAME	ARONSON, RHODA
STREET ADDRESS	901 E CAMINO REAL #12A
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VPX President
NAME	KAPLAN, BARRY
STREET ADDRESS	901 E. CAMINO REAL, #10D
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	XAS AT
NAME	KLINE, E. BARRY
STREET ADDRESS	901 EAST CAMINO REAL SUITE 8-A
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PX VPT
NAME	FELD, MAIRUTH
STREET ADDRESS	901 E CAMINO REAL #6C
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Barry M. Kaplan, Pres. 4/02/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #