

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752027

FILED
Apr 28, 2006
Secretary of State

Entity Name: CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

28210 E 163 ST
NORTH MIAMI BEACH, FL 33160 US

New Principal Place of Business:

2821 N E 163 ST
NORTH MIAMI BEACH, FL 33160 US

Current Mailing Address:

C/OJ&M CONDO MGMT & MAINT., INC.
775 FONTAINEBLEAU BLVD, STE 200
MIAMI, FL 33172 US

New Mailing Address:

C/O BEST WAY PMC.
14853 NE 20TH AVE
NORTH MIAMI, FL 33181 US

FEI Number: 59-1998418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTTO, PA, STRALEY
3990 SHERIDAN ST #109
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

OTTO, PA, STRALEY
3990 SHERIDAN ST #109
HOLLYWOOD, FL 33021 US

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.

SIGNATURE: RUBIN PELEG

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: VIBEKE, SOLOMON
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33172

Title: P () Delete
Name: LEVEGUE, GUS
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: ESTRELA, MANUEL
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: GUTPRIEND, TOMAS
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33142

Title: T () Delete
Name: SHELDON, JUDITH
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: GUBAS, MARGARET
Address: 275 FONTAINEBLEAU BLVD #200
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIBEKE SOLOMON

V

04/28/2006

Electronic Signature of Signing Officer or Director

Date