

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752027

FILED
Jan 21, 2009
Secretary of State

Entity Name: CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VIBEKE, SOLOMON
Address: 2821 NE 163 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T () Delete
Name: KRISTAL, JERRY
Address: 282 NE 163 ST #5X
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D () Delete
Name: ESTRELA, MANUEL
Address: 2821 NE 163 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D () Delete
Name: GUTFREIND, THOMAS
Address: 2821 NE 163 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP () Delete
Name: SHELDON, JUDITH
Address: 2821 NE 163 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S () Delete
Name: DUBBAS, MARGARET
Address: 2821 NE 163 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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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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 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: ELAINE ASBURY

MANG

01/21/2009

Electronic Signature of Signing Officer or Director

Date