

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752027

FILED  
Feb 08, 2012  
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  
2699 STIRLING ROAD SUITE C-207  
HOLLYWOOD, FL 33312 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  
Name: VIBEKE, SOLOMON  
Address: 2821 NE 163 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VP  
Name: GUTFRIEND, TOMAS  
Address: 2821 NE 163 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D  
Name: BOBSON, ANNA  
Address: 2821 NE 163 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: T  
Name: GOLDIN, MILA  
Address: 2821 NE 163 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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

I hereby 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 all other like empowered.

SIGNATURE: RUBIN PELEG/BEST WAY PMC

PRO

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date