2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-16-2007 90192:014 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761082

1. Entity Name
CARLTON PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3140 S. OCEAN BLVD. PALM BEACH, FL 33480	3140 S. OCEAN BLVD. PALM BEACH, FL 33480

[redacted]

DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2266850

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOSTE, CHERYL
3140 S OCEAN BLVD
PALM BEACH, FL 33480

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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	~~T~~ delete
NAME	KEMPLER, CECELIA
STREET ADDRESS	3140 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	~~DP~~ TREASURER
NAME	BAUM, MORTON
STREET ADDRESS	3140 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	SECY
NAME	KUBY, PHYLLIS
STREET ADDRESS	3140 S. OCEAN
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	P
NAME	HEYMAN, BRUCE
STREET ADDRESS	3140 S. OCEAN
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	BERKOWITZ, ROGER
STREET ADDRESS	3140 S OCEAN
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	FISCHMAN, DEBRA Director
NAME	
STREET ADDRESS	3140 S. OCEAN
CITY-ST-ZIP	PALM BCH FL 33480

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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: _____ 1-5-07 561-582-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRUCE M. HEYMAN, PRES.