

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90031 011 ****61.25

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1. Entity Name

CARMEL OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4808 LIGHTHOUSE CIR.
ORLANDO FL 32808
US

Mailing Address
PO BOX 0774
WINDERMERE FL 34786-0774
US



2. Principal Place of Business

4615 LIGHTHOUSE CIR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2557148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

WEAN & MALCHOW, P.A.
ATTN: PAUL L. WEAN, ESQ.
646 E. COLONIAL DR.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME TREESE, KELLE ☒ Delete
STREET ADDRESS 4593 LIGHTHOUSE CR
CITY-ST-ZIP ORLANDO FL 32808

TITLE D
NAME ZAVITZ, JOHN ☐ Delete
STREET ADDRESS 2440 VIA GENOVA
CITY-ST-ZIP APOPKA FL 32712

TITLE SD
NAME MAGIN, KATHY ☐ Delete
STREET ADDRESS 3708 NARROLINE DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE DP
NAME POWELL, BARBARA ☐ Delete
STREET ADDRESS 4808 LIGHTHOUSE CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

TITLE D
NAME MARIBETH, ASHLEY ☐ Delete
STREET ADDRESS 4615 LIGHTHOUSE CR
CITY-ST-ZIP ORLANDO FL 32808

TITLE DT
NAME STEWART, KIMBERLY ☐ Delete
STREET ADDRESS 4650 LIGHTHOUSE CR
CITY-ST-ZIP ORLANDO FL 32808

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME SHARON MASON ☐ Change ☒ Addition
STREET ADDRESS 4728 LAKE RIDGE ROAD
CITY-ST-ZIP ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VP D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maribeth Ashley Maribeth Ashley President 2/13/2006 407-297-9209