



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90224 004 ****61.25

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|---|---|---|--|--|--|
| DOCUMENT # 768476 1. Entity Name THE CARLTON AT PARK FOREST, INC. | | | |  | |
| Principal Place of Business 187 FOREST LAKES BOULEVARD NAPLES, FL 34105 | | | Mailing Address %MANAGEMENT BY ASSOCIATION, INC. 187 FOREST LAKES BOULEVARD NAPLES, FL 34105 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | | |
| 4. FEI Number 59-2378023 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRACEY, ROBERT 187 FOREST LAKES BOULEVARD NAPLES, FL 34105 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HAUBRICH, III, WILLIAM 184 NAPA RIDGE ROAD E. NAPLES, FL 34119 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DURHAM, JAMES 151 QUAIL FOREST BLVD UNIT 101 NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FLETCHER, ROBERT 151 QUAIL FOREST BLVD., UNIT 205 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CAPPELLO, MARY 151 QUAIL FOREST BLVD UNIT 202 NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAUM, GENE 151 QUAIL FOREST BLVD UNIT 302 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAPPELLO, WILLIAM 151 QUAIL FOREST BLVD. 202 NAPLES, FL 34105 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGERS, GERALD 151 QUAIL FOREST BLVD UNIT 201 NAPLES, FL 34105 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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, 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: <i>Wm. Haubrich III</i> | | | Date <i>April 23, 2007</i> Daytime Phone # <i>239-352-2420</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |