2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 768476

Entity Name: THE CARLTON AT PARK FOREST, INC.

Current Principal Place of Business:

187 FOREST LAKES BOULEVARD
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

%MANAGEMENT BY ASSOCIATION, INC.
187 FOREST LAKES BOULEVARD
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 59-2378023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRACEY, ROBERT
187 FOREST LAKES BOULEVARD
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

GRACEY, ROBERT T SR.
187 FOREST LAKES BOULEVARD
NAPLES, FL 34105 US

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: ROBERT T. GRACEY, SR. 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ROGERS, GERALD
Address: 151 QUAIL FOREST BLVD. #201
City-St-Zip: NAPLES, FL 34101

Title: DVP ( ) Delete
Name: BAUM, GENE
Address: 151 QUAIL FOREST BLVD #302
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: HEBERG, LAURIE
Address: 151 QUAIL FOREST BLVD. #101
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: DENOIT, FRED
Address: 151 QUAIL FOREST BLVD #206
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: HOCKELBERG, ED
Address: 151 QUAIL FOREST BLVD #204
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: HEBERG, LAURIE
Address: 151 QUAIL FOREST BLVD. #101
City-St-Zip: NAPLES, FL 34105

Title: DT (X) Change ( ) Addition
Name: CAPELLO, MARY
Address: 151 QUAIL FOREST BLVD #202
City-St-Zip: NAPLES, FL 34105

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: MARY CAPELLO TREA 03/30/2009
Electronic Signature of Signing Officer or Director Date