

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90064 010 ****61.25



DOCUMENT # N00000000067
 1. Entity Name
CARLSBERG ESTATES ON LAKE SUZANNE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
400 E. SEMORAN BLVD., STE. 207 CASSELBERRY, FL 32707

Mailing Address
400 E. SEMORAN BLVD., STE. 207 CASSELBERRY, FL 32707



2. Principal Place of Business
500 South Florida Ave

3. Mailing Address
500 South Florida Ave

Suite, Apt. #, etc.
Suite 700

03012004 Chg-NP CR2E037 (10/03)

City & State
Lakeland Florida

4. FEI Number
95-4777918

Applied For
 Not Applicable

Zip
33801

Country
USA

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

6. Name and Address of Current Registered Agent
WHITTLE, LARRY J
400 E. SEMORAN BLVD., STE. 207 CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent
 Name **George Bachis**
 Street Address (P.O. Box Number is Not Acceptable)
500 South Florida Avenue
Suite 700
 City **Lakeland** **FL** Zip Code **33801**

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 **George Bachis** **3-17-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GEARY, WILLIAM W JR 6171 W. CENTURY BLVD., STE. 100 LOS ANGELES, CA 90045	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COCKRELL, JERRY L 6171 W. CENTURY BLVD., STE. 100 LOS ANGELES, CA 90045	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTLE, LARRY J 400 E. SEMORAN BLVD., STE. 207 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George Bachis 500 S. Florida Ave, Ste 700 Lakeland FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Carrie Wilson 500 S. Florida Ave, Ste 700 Lakeland FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Benjamin D.E. Falk 500 S. Florida Ave, Ste 700 Lakeland FL 33801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/AT * Bridget Ebdrup 500 S. Florida Ave. Ste. 700 Lakeland FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*A = Assistant	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **George Bachis** **3-17-04** **863-647-1581 x258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #