


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000067

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



Principal Place of Business 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801	Mailing Address 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 95-4777918	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOCHIS, GEORGE
 500 SOUTH FLORIDA AVE
 STE 700
 LAKELAND, FL 33801

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000351538 05/02/05-80150-006 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOCHIS, GEORGE 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILSON, CARRIE 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FALK, BENJAMIN D 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT EBDRUP, BRIDGET 500 SOUTH FLORIDA AVE STE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *Benjamin D. Falk* 4/28/05 863-647-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Benjamin D. Falk