


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 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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04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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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IN THIS SPACE**

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05/17/06-80070-004 70.00

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 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* **Benjamin D Falk**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **4/28/06** 863-647-1581
Date Daytime Phone #