

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000067

FILED  
Feb 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

484 LAKE SUZANNE DRIVE  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

5955 T G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822

**New Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

FEI Number: 95-4777918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FURLOW, REBECCA  
5955 T G LEE BLVD  
SUITE 300  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

FURLOW, REBECCA  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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: REBECCA FURLOW

02/02/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARTER, JOYCE  
Address: 388 LAKE SUZANNE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: VP ( ) Delete  
Name: BAGGETT, CLIFFORD H  
Address: 504 LAKE SUZANNE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: S ( ) Delete  
Name: STARK, CARLA R  
Address: 483 LAKE SUZANNE DR  
City-St-Zip: LAKE WALES, FL 33859

Title: T ( ) Delete  
Name: MILLER, JANET L  
Address: 4185 CANNES AVE  
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete  
Name: SACK, DAVID  
Address: 352 LAKE SUZANNE DR  
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: REBECCA FURLOW

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date