

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000067

FILED  
Jan 06, 2011  
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:**

484 LAKE SUZANNE DRIVE  
LAKE WALES, FL 33859

**New Mailing Address:**

FEI Number: 95-4777918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR & CARLS, P.A.  
150 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STARK, CARLA R  
Address: 483 LAKE SUZANNE DR  
City-St-Zip: LAKE WALES, FL 33859 US

Title: VP  
Name: STRUCZEWSKI, EDWARD  
Address: 266 CHALET ESTATES STREET  
City-St-Zip: LAKE WALES, FL 33859 US

Title: S  
Name: DOUGLAS, JOSEPH  
Address: 328 LAKE SUZANNE DRIVE  
City-St-Zip: LAKE WALES, FL 33859 US

Title: T  
Name: ZITO, SANDRA  
Address: 242 CHALET ESTATES STREET  
City-St-Zip: LAKE WALES, FL 33859 US

Title: D  
Name: BERNDT, DIANE  
Address: 479 LAKE SUZANNE DRIVE  
City-St-Zip: LAKE WALES, FL 33859 US

I hereby 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 all other like empowered.

SIGNATURE: CARLA R. STARK

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date