

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005502

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** CARLTON VERO BEACH CABANA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1 BEACH CLUB PLACE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

1 BEACH CLUB PLACE  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 65-1033575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DISTL, DOUGLAS G  
ONE BEACH CLUB PL  
VERO BEACH, FL 32963 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: V ( ) Delete  
Name: WOLFARTH, AL E  
Address: 300 BEACH VIEW DRIVE 3-N  
City-St-Zip: VERO BEACH, FL 32963

Title: P ( ) Delete  
Name: DAVIES, TED  
Address: 600 BEACH VIEW DR 3 NO  
City-St-Zip: VERO BEACH, FL 32963

Title: ST ( ) Delete  
Name: HARTMANN, BOB  
Address: 100 BEACHVIEW DR PHS  
City-St-Zip: VERO BEACH, FL 32963

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

Title: V (X) Change ( ) Addition  
Name: COLEMAN, DICK  
Address: 200 BEACH VIEW DRIVE 3-N  
City-St-Zip: VERO BEACH, FL 32963

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: TED DAVIES

P

03/25/2009

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

\_\_\_\_\_  
Date