

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006178

FILED
Jan 20, 2009
Secretary of State

Entity Name: CARLTON WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 327197043

New Mailing Address:

FEI Number: 59-3676240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: DP () Delete
Name: ORTON, WYLEE
Address: 1202 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

Title: DVT () Delete
Name: GRENCI, MIKE
Address: 1323 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

Title: DS () Delete
Name: KIMBLEY, ELIZABETH
Address: 1203 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FONG, GUILLERMO
Address: 1256 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

Title: DVS (X) Change () Addition
Name: CAMACHO, ANGELA
Address: 1245 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

Title: DT (X) Change () Addition
Name: LUGO, NOEL
Address: 1304 REAGANS RESERVE BLVD
City-St-Zip: APOPKA, FL 32712

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: GUILLERMO FONG

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date