2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

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Entity Name: CARLTON LAKES HOMEOWNERS II ASSOCIATION, INC.

Current Principal Place of Business:

810 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

6251 ASHWOOD LANE
NAPLES, FL 341102409

New Mailing Address:

FEI Number: 65-1067754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARADISE PROPERTY MANAGEMENT GROUP
810 ANCHOR RODE DRIVE
NAPLES, FL 34103 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: PD ( ) Delete
Name: HIRSCHFELD, CHARLES
Address: 6151 ASHWWOD LANE
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete
Name: PEDERSON, RONALD
Address: 6199 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: SITLER, JACK
Address: 6195 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: HAM, TINA
Address: 6192 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: ROSING, THOMAS
Address: 6203 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: T ( ) Delete
Name: GAUGER, GARY
Address: 6251 ASHWOOD LANE
City-St-Zip: NAPLES, FL 341102409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PEDERSON, RON
Address: 6199 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: VPD (X) Change ( ) Addition
Name: SHUE, JERE
Address: 6274 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

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

Title: D (X) Change ( ) Addition
Name: ROSING, TOM
Address: 6203 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change ( ) Addition
Name: HAWKINS, AL
Address: 6167 ASHWOOD LANE
City-St-Zip: NAPLES, FL 34110

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY GAUGER T 03/28/2007

Electronic Signature of Signing Officer or Director — Date