

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90120 035 ****61.25

DOCUMENT # N01000000836					
1. Entity Name FRANCES CARLTON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1221 N PALM AVE SARASOTA, FL 34236			Mailing Address C/O BETH CALLOAS MGMT. 595 BAY ISLES RD., STE 201 LONGBOAT KEY, FL 34228		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1079809	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BETH CALLOAS MGMT. 595 BAY ISLES RD., STE 201 LONGBOAT KEY, FL 34228				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME MCINNIS, BRIAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 404 S OSPREY AVE	SARASOTA, FL 34236		STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL 34236			CITY-ST-ZIP		
TITLE TD	NAME NORRIS, JAMES W	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3509 MISTLETOE LN	LONGBOAT KEY, FL 34228		STREET ADDRESS		
CITY-ST-ZIP LONGBOAT KEY, FL 34228			CITY-ST-ZIP		
TITLE VP	NAME RAHTJE, JUDY	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1221 N. PALM AVE., #103	SARASOTA, FL 34236		STREET ADDRESS	1221 N. PALM AVE., #103 SARASOTA, FL 34236	
CITY-ST-ZIP SARASOTA, FL 34236			CITY-ST-ZIP		
TITLE SD	NAME PICKETT, SCOTT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1221 N. PALM AVE., #303	SARASOTA, FL 34236		STREET ADDRESS		
CITY-ST-ZIP SARASOTA, FL 34236			CITY-ST-ZIP		
TITLE VP	NAME PATRICIA SCHWITZ	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 			STREET ADDRESS	1828 GROVE ST. SARASOTA, FL 34239	
CITY-ST-ZIP 			CITY-ST-ZIP		
TITLE 	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME		
STREET ADDRESS 			STREET ADDRESS		
CITY-ST-ZIP 			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			3.4.05 941.951.2468		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		