


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90046 004 \*\*\*\*61.25

<b>DOCUMENT # N01000000836</b> 1. Entity Name <b>FRANCES CARLTON CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1221 N PALM AVE SARASOTA, FL 34236</b>				Mailing Address <b>C/O BETH CALLOAS MGMT. 595 BAY ISLES RD., STE 201 LONGBOAT KEY, FL 34228</b>	
2. Principal Place of Business		3. Mailing Address <b>595 Bay Isles Road</b> Suite, Apt. #, etc. <b>Ste 200</b>			
Suite, Apt. #, etc. 		City & State <b>Longboat Key, FL</b>		4. FEI Number <b>65-1079809</b>	
City & State 		Zip <b>34228</b>		Country <b>USA</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BETH CALLOAS MGMT. 595 BAY ISLES RD., STE 201 LONGBOAT KEY, FL 34228</b>				7. Name and Address of New Registered Agent  <b>Beth Callans Management Corp. 595 Bay Isles Road Suite #200 Longboat Key, FL 34228</b>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCINNIS, BRIAN 404 S OSPREY AVE SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCINNIS, BRIAN 404 S. OSPREY AVE SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORRIS, JAMES W 3509 MISTLETOE LN LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD/TREAS NORRIS, JAMES W. 3509 MISTLETOE LN. LONGBOAT KEY, FL 34228</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHTJE, JUDY 1221 N. PALM AVE., #103 SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICKETT, SCOTT 1221 N. PALM AVE., #303 SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC. THOMPSON, PATTI 1221 N. PALM AVE #101 SARASOTA, FL 34236</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTZ, PATRICIA 1828 GROVE ST SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.					
<b>SIGNATURE:</b> <u><i>James Norris, Treas.</i></u> <b>1-29-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					