2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N02226

Entity Name: CAROLINA TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3968 N. MONROE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180657
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 59-2948253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SBORDONE, LEANN
HOMEOWERS ASSOCIATION SERVICES
3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

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: _____ 07/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: WYNN, JOE
Address: 2930 HUNTINGTON DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: POOLE, HARRISON
Address: 828-3 CAROLINA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: P ( ) Delete
Name: CANDIOTTI, MICHAEL
Address: 812 W. CAROLINA ST #1
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: SAUVIGNE, JAN
Address: P.O. BOX 565174
City-St-Zip: MIAMI, FL 33256

Title: T (X) Change ( ) Addition
Name: POOLE, HARRISON
Address: 828 W. CAROLINA ST., #3
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: M ( ) Change (X) Addition
Name: SBORDONE, LEANN
Address: 3968 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32303

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: LEANN SBORDONE M 07/06/2009
Electronic Signature of Signing Officer or Director — Date