

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 04, 2009
Secretary of State

DOCUMENT# N03000007477

Entity Name: CAROLINA LANDINGS AT UNIVERSITY PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O ARGUS PROPERTY MGMT
2477 STICKNEY POINT ROAD, SUITE #118A
SARASOTA, FL 34231 US**New Principal Place of Business:****Current Mailing Address:**C/O ARGUS PROPERTY MGMT
2477 STICKNEY POINT ROAD, SUITE #118A
SARASOTA, FL 34231 US**New Mailing Address:****FEI Number:** 20-0326974 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT ROAD
SUITE #118A
SARASOTA, FL 34231 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:** P () Delete
Name: SCHWABE, JEROME
Address: 7621 PLANTATION CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** S () Delete
Name: FAULKNER, KENNETH
Address: 7739 PLANTATION CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** T () Delete
Name: RAY, HEATER
Address: 7538 PLANTATION CIRCLE
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** VP () Delete
Name: ANGELUCCI, BARBARA
Address: 7536 PLANTATION CIR
City-St-Zip: UNIVERSITY PARK, FL 34201**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** AS () Change (X) Addition
Name: HAMMERLING, WALTER E
Address: 2477 STICKNEY POINT RD STE 118A
City-St-Zip: SARASOTA, FL 34231

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: WALTER E HAMMERLING

AS

09/04/2009

Electronic Signature of Signing Officer or Director

Date