2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000008930

Entity Name: CARLTON COUNTRY ESTATES PROPERTY OWNERS ASSOCIATION INC.

Current Principal Place of Business:

8120 BELVEDERE ROAD - SUITE 3
WEST PALM BEACH, FL 33411

New Principal Place of Business:

5500 ORANGE AVENUE
FORT PIERCE, FL 34987

Current Mailing Address:

8120 BELVEDERE ROAD - SUITE 3
WEST PALM BEACH, FL 33411

New Mailing Address:

5500 ORNAGE AVENUE
FORT PIERCE, FL 34987

FEI Number: 20-2848107 **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:

MILLER, KELLY
5500 ORANGE AVENUE
FORT PIERCE, FL 34947 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: KELLY MILLER
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete
Name: MILLER, JOEY
Address: 5500 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34947 US

Title: VP ( ) Delete
Name: COLLURA, DOMINICK
Address: 5500 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34947 US

Title: TRES ( ) Delete
Name: MILLER, KELLY
Address: 5500 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34947 US

Title: PRES ( ) Delete
Name: HUDSON, MIKE
Address: 5500 ORANGE AVENUE
City-St-Zip: FT. PIERCE, FL 34947 US

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:

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: KELLY MILLER TR 05/01/2009
Electronic Signature of Signing Officer or Director — Date