


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000003485**

1. Entity Name  
**CARLYLE VILLAGE COOPERATIVE ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**7935-7945 CARLYLE AVE.**      **7935-7945 CARLYLE AVE.**  
**MIAMI BEACH, FL 33141**      **MIAMI BEACH, FL 33141**

**DO NOT WRITE IN THIS SPACE**



03082006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**20-1201295**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IVANYTSKY, OLHA**  
**2934 MYRTLE OAK CIRCLE**  
**DAVIE, FL 33328**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RILEY, RONALD
STREET ADDRESS	7401 S.W. 133RD AVE.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	SD
NAME	IVANYTSKY, OLHA
STREET ADDRESS	2934 MYRTLE OAK CIRCLE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VD
NAME	KOVALEVYCH, BRONYSLAVA
STREET ADDRESS	7945 CARLYLE AVE. #7
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/04/06-80002-014 61.25

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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 like empowered.

SIGNATURE: Ronald T. Riley **RONALD T. Riley**      305-387-1208  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #