


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90268 020 \*\*\*\*61.25

<b>DOCUMENT # N04000006182</b>	
1. Entity Name CAROLINA LANDINGS AT UNIVERSITY PLACE CONDOMINIUM C ASSOCIATION, INC.	

Principal Place of Business 9031 TOWN CENTER PKWY BRADENTON, FL 34202	Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01242006 Chg-NP CR2E037 (11/05)

City & State	City & State
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4. FEI Number 20-1700403	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ADVANCED MGMT. OF SW FLORIDA 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	8 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANT-SHAH, CHANDRA	NAME	Chuck Shah
STREET ADDRESS	9031 TOWN CENTER PARKWAY	STREET ADDRESS	6712 Spring Moss Place
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	Bradenton, FL 34202
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINK, ALAN	NAME	Mr. Joshua Worthy
STREET ADDRESS	9031 TOWN CENTER PARKWAY	STREET ADDRESS	7624 Plantation Circle
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	University Park, FL 34201
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDLER, AARON	NAME	Mrs. Sally Waurick
STREET ADDRESS	9031 TOWN CENTER PARKWAY	STREET ADDRESS	7629 Plantation Circle
CITY-ST-ZIP	BRADENTON, FL 34202	CITY-ST-ZIP	University Park, FL 34201
TITLE	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mr. Alan Fink
STREET ADDRESS		STREET ADDRESS	7698 Plantation Circle
CITY-ST-ZIP		CITY-ST-ZIP	University Park, FL 34201
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Barbara Angelucci
STREET ADDRESS		STREET ADDRESS	7536 Plantation Circle
CITY-ST-ZIP		CITY-ST-ZIP	University Park, FL 34201
TITLE	Dir <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Doug Saunier	NAME	Edith Schreiber
STREET ADDRESS	5532 Lilly's Lane	STREET ADDRESS	7657 Plantation Circle
CITY-ST-ZIP	Canton, OH 44718	CITY-ST-ZIP	University Park, FL 34201

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/3/06</u>	Daytime Phone # <u>941-359-1134</u>
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