

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001994

FILED
Apr 09, 2009
Secretary of State

Entity Name: CARTER GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 20-4639181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC.
5844 OLD PASCO ROAD
SUITE 100
WESLEY CHAPEL, FL 33544 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: LAWSON, ROBERT
Address: 5850 T.G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: VP () Delete
Name: MAHON, CHRISTINA
Address: 5850 T.G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: ST (X) Delete
Name: MURPHY, BRANDY S
Address: 5850 T.G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MAHON, CHRISTINA
Address: 5850 T.G. LEE BOULEVARD, SUITE 520
City-St-Zip: ORLANDO, FL 32822

Title: ST (X) Change () Addition
Name: DEARING, MARK
Address: 5850 T.G. LEE BOULEVARD, SUITE 520
City-St-Zip: ORLANDO, FL 32822

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: CHRISTINA MAHON

VP

04/09/2009

Electronic Signature of Signing Officer or Director

Date