

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006595

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** CARRINGTON PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2105 HOWELL BRANCH ROAD  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

2105 HOWELL BRANCH ROAD  
CASSELBERRY, FL 32707

**New Mailing Address:**

1600 W. COLONIAL DR.  
ORLANDO, FL 32804

**FEI Number:** 20-5308236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZARETSKY, LOUIS D ESQ.  
555 NE 15TH STREET  
SUITE #100  
MIAMI, FL 33132 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: PD ( ) Delete  
Name: POYASTRO, MIGUEL  
Address: 8500 SW 8TH STREET #228  
City-St-Zip: MIAMI, FL 33144

Title: VD ( ) Delete  
Name: HERRAN, EMILIANO  
Address: 8500 SW 8TH STREET #228  
City-St-Zip: MIAMI, FL 33144

Title: STD ( ) Delete  
Name: VALDEZ, ANGEL  
Address: 8500 SW 8TH STREET #228  
City-St-Zip: MIAMI, FL 33144

**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:

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: MIGUEL POYASTRO

PD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date