

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000760

FILED
Apr 07, 2009
Secretary of State

Entity Name: CAROLLTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6250 NW 23RD ST
GAIENSVILLE, FL 32653

New Principal Place of Business:

8424 NW 6TH AVENUE
GAIENSVILLE, FL 32607 US

Current Mailing Address:

6250 NW 23RD ST
GAIENSVILLE, FL 32653

New Mailing Address:

8424 NW 6TH AVE
GAIENSVILLE, FL 32607 US

FEI Number: 20-8305098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANNON, MICHAEL D
6250 NW 23RD ST
GAIENSVILLE, FL 32653 US

Name and Address of New Registered Agent:

SHANNON, MICHAEL D
8424 NW 6TH AVE
GAIENSVILLE, FL 32607 US

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: MARGARET RIVERS

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHANNON, MICHAEL D
Address: 6250 NW 23RD ST
City-St-Zip: GAIENSVILLE, FL 32653

Title: VPST () Delete
Name: SHANNON, CATHY R
Address: 6250 NW 23RD ST
City-St-Zip: GAIENSVILLE, FL 32653

Title: D () Delete
Name: SHANNON, CATHY R
Address: 6250 NW 23RD ST
City-St-Zip: GAIENSVILLE, FL 32653

Title: ST () Delete
Name: RIVERS, MARGARET
Address: 6250 NW 23 ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHANNON, MICHAEL D
Address: 8424 NW 6TH AVENUE
City-St-Zip: GAIENSVILLE, FL 32607 US

Title: VPST (X) Change () Addition
Name: SHANNON, CATHY R
Address: 8424 NW 6TH AVENUE
City-St-Zip: GAIENSVILLE, FL 32607 US

Title: D (X) Change () Addition
Name: SHANNON, CATHY R
Address: 8424 NW 6TH AVENUE
City-St-Zip: GAIENSVILLE, FL 32607 US

Title: ST (X) Change () Addition
Name: RIVERS, MARGARET
Address: 8424 NW 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607 US

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: MARGARET RIVERS

S/T

04/07/2009

Electronic Signature of Signing Officer or Director

Date