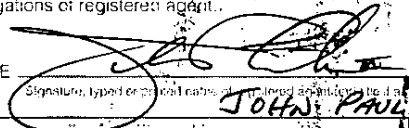


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

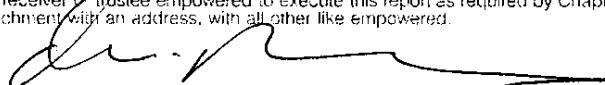
FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90011 018 ****61.25

DOCUMENT # N07000004309 1. Entity Name THE CARLSLE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 800 HARBOUR DR., SUITE 3 NAPLES FL 34103			Mailing Address 800 HARBOUR DR., SUITE 3 NAPLES FL 34103		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 24-0222239	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES FL 34103				7. Name and Address of New Registered Agent Name CORPORATE REGISTERED AGENT, LLC Street Address (P.O. Box Number is Not Acceptable) 5147 CASTELLO DRIVE City NAPLES FL Zip Code 34103	
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  JOHN PAULICH JR (NOTE: Registered Agent signature required when registering) DATE 4/15/08					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARON, AVI 800 HARBOUR DR., SUITE 3 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUCKWALL, BARBARA 800 HARBOUR DR., SUITE 3 NAPLES FL 34103	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAILEY, C. FRED 800 HARBOUR DR., SUITE 3 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:



4/22/08

239-261-7117