

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07311

FILED
Apr 30, 2009
Secretary of State

Entity Name: CARLYLE GARDEN TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O UNIQUE PROPERTY SERVICES INC.
1207 N.HIMES AVE. SUITE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N. HIMES AVE. SUITE 3
3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 29-2961299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC.
1207 N. HIMES AVE.
SUITE 3
TAMPA, FL 33607 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: VD () Delete
Name: EDGECOMB, LIZ
Address: 1310 MOUNTAIN VIEW COURT
City-St-Zip: TAMPA, FL 33612

Title: PD () Delete
Name: MITCHELL, SUKARI
Address: 12409 TITUS COURT
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: PICKETT, KEISHA
Address: 12414 TITUS COURT
City-St-Zip: TAMPA, FL 33612

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: SUKARI MITCHELL

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date