

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90014 022 *****61.25

0074668

DOCUMENT # N08308

1. Entity Name
CARLYN ESTATES ASSOCIATION, INC.

Principal Place of Business
5611 BAYSHORE RD # 123
PALMETTO FL 34221-9302

Mailing Address
5611 BAYSHORE RD # 123
PALMETTO FL 34221-9302

2. Principal Place of Business
5611 Bayshore Rd.

3. Mailing Address
5611 Bayshore Rd.

Suite, Apt. #, etc.
123

City & State
Palmetto, Florida

Zip
34221

Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MAUGER, TED
5611 BAYSHORE RD # 123
PALMETTO FL 34221-9302

4. FEI Number
59-2505091

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE *Ted Mauger*
 Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D. HICKCOCK, BOB	<input checked="" type="checkbox"/> Delete
NAME	5611 BAYSHORE RD # 123	
STREET ADDRESS	5611 BAYSHORE RD # 123	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D. V. P. LINDBOM, SHIRLEY	<input type="checkbox"/> Delete
NAME	5611 BAYSHORE RD #97	
STREET ADDRESS	5611 BAYSHORE RD #97	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D. BERTOCCHI, RANDY	<input checked="" type="checkbox"/> Delete
NAME	5611 BAYSHORE RD #51	
STREET ADDRESS	5611 BAYSHORE RD #51	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D. CASHNER, SHIRLEY	<input checked="" type="checkbox"/> Delete
NAME	5611 BAYSHORE RD #119	
STREET ADDRESS	5611 BAYSHORE RD #119	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D. FERGUSON, VIRGINIA	<input checked="" type="checkbox"/> Delete
NAME	5611 BAYSHORE RD #38	
STREET ADDRESS	5611 BAYSHORE RD #38	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D. CHAMPION, BOB	<input checked="" type="checkbox"/> Delete
NAME	5611 BAYSHORE RD #77	
STREET ADDRESS	5611 BAYSHORE RD #77	
CITY-ST-ZIP	PALMETTO FL 34221	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D. GENE MORGAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd. #129	
STREET ADDRESS	5611 Bayshore Rd. #129	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	D. SECRETARY JEAN LEONARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd. #127	
STREET ADDRESS	5611 Bayshore Rd. #127	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	D. EMMA DEMING	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd. #118	
STREET ADDRESS	5611 Bayshore Rd. #118	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	P. Ted MAUGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd. #123	
STREET ADDRESS	5611 Bayshore Rd. #123	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	D. BOB LAIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd.	
STREET ADDRESS	5611 Bayshore Rd.	
CITY-ST-ZIP	PALMETTO, FL. 34221	
TITLE	D. TREASURER ERDA BEYER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5611 Bayshore Rd. # 88	
STREET ADDRESS	5611 Bayshore Rd. # 88	
CITY-ST-ZIP	PALMETTO, FL. 34221	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ted Mauger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAUGER 4/3/01 941-722-0930
 Date Daytime Phone #

CR2E037 (10/00)