

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90341 039 ****61.25

DOCUMENT # N08308

1. Entity Name

CARLYN ESTATES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5611 BAYSHORE RD
 #123
 PALMETTO FL 34221

5611 BAYSHORE RD
 PALMETTO FL 34221-9302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5611 BAYSHORE RD.

3. Mailing Address

5611 BAYSHORE RD

Suite, Apt. #, etc.

#70

Suite, Apt. #, etc.

#70

City & State

PALMETTO FL

City & State

PALMETTO FL

4. FEI Number

59-2505091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAUGER, TED
5611 BAYSHORE RD # 50
PALMETTO FL 34221-9302

7. Name and Address of New Registered Agent

Name **CYNTHIA J. WEYANT**

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

5611 BAYSHORE RD

#70

City **PALMETTO**

FL

Zip Code

34221

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

Cynthia J. Weyant

CYNTHIA J WEYANT - PRESIDENT

3-20-02

(Signature, typed or printed name of registered agent and title if 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** ☐ Delete
 NAME **MORGAN, GENE**
 STREET ADDRESS **5611 BAYSHORE RD #129**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VP** ☒ Delete
 NAME **LINDBOM, SHIRLEY**
 STREET ADDRESS **5611 BAYSHORE RD #97**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **DS** ☐ Delete
 NAME **LEONARD, JEAN**
 STREET ADDRESS **5611 BAYSHORE RD #127**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete
 NAME **DEMING, EMMA**
 STREET ADDRESS **5611 BAYSHORE RD #118**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **P** ☒ Delete
 NAME **MAUGER, TED**
 STREET ADDRESS **5611 BAYSHORE RD #123**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **D** ☐ Delete
 NAME **LAIS, BOB**
 STREET ADDRESS **5611 BAYSHORE RD**
 CITY-ST-ZIP **PALMETTO FL 34221**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T/D** ☐ Change ☒ Addition
 NAME **BEYER, ERDA**
 STREET ADDRESS **5611 BAYSHORE RD. #88**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VP** ☒ Change ☐ Addition
 NAME **MAUGER, TED**
 STREET ADDRESS **5611 BAYSHORE RD. #123**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **P** ☐ Change ☒ Addition
 NAME **CYNTHIA J. WEYANT**
 STREET ADDRESS **5611 BAYSHORE RD #70**
 CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Cynthia J. Weyant* **CYNTHIA J WEYANT** **3/20/02** **941-723-6727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0051209