

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08308

FILED
Mar 29, 2006
Secretary of State

Entity Name: CARLYN ESTATES ASSOCIATION, INC.

Current Principal Place of Business:

5611 BAYSHORE RD
#40
PALMETTO, FL 34221

New Principal Place of Business:

5611 BAYSHORE RD
97
PALMETTO, FL 34221

Current Mailing Address:

5611 BAYSHORE RD
#40
PALMETTO, FL 34221

New Mailing Address:

5611 BAYSHORE RD
97
PALMETTO, FL 34221

FEI Number: 59-2505091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORGER, DIANE
5611 BAYSHORE RD. #40
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

OTTO, LINDBOM
5611 BAYSHORE RD.
LOT 97
PALMETTO, FL 34221 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: OTTO LINDBOM

03/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZORGER, DIANE
Address: 5611 BAYSHORE RD. # 40
City-St-Zip: PALMETTO, FL 34221

Title: VP () Delete
Name: SNYDER, BILL
Address: 5611 BAYSHORE RD #88
City-St-Zip: PALMETTO, FL 34221

Title: ST () Delete
Name: SYNDER, DOTTIE
Address: 5611 BAYSHORE RD #88
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: SUHANOSKY, BOB
Address: 5611 BAYSHORE RD #88
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: HEVENER, JOHN
Address: 5611 BAYSHORE RD. #53
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LINDBOM, OTTO
Address: 5611 BAYSHORE RD.
City-St-Zip: PALMETTO, FL 34221

Title: VP (X) Change () Addition
Name: HITCHCOCK, BOB
Address: 5611 BAYSHORE RD 50
City-St-Zip: PALMETTO, FL 34221

Title: ST (X) Change () Addition
Name: FLOOD, HELEN
Address: 5611 BAYSHORE RD 66
City-St-Zip: PALMETTO, FL 34221

Title: D (X) Change () Addition
Name: FLOOD, BILL
Address: 5611 BAYSHORE RD
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OTTO LINDBOM

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date