

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N08308</b>	
1. Entity Name <b>CARLYN ESTATES ASSOCIATION, INC.</b>	
Principal Place of Business <b>5611 BAYSHORE RD 97 PALMETTO, FL 34221</b>	Mailing Address <b>5611 BAYSHORE RD 97 PALMETTO, FL 34221</b>



03202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2505091</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>OTTO, LINDBOM 5611 BAYSHORE RD. LOT 97 PALMETTO, FL 34221</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDBOM, OTTO 5611 BAYSHORE RD. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HITCHCOCK, BOB 5611 BAYSHORE RD 50 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOOD, HELEN 5611 BAYSHORE RD 66 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, BILL 5611 BAYSHORE RD PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVENER, JOHN 5611 BAYSHORE RD. #53 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000680236  
04/03/07-80068-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OTTO LINDBOM** *OTTO LINDBOM* **MARCH 20, 2007** 941-733-3367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #