2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21619

Apr 20, 2006 Secretary of State

Entity Name: CARMEN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 872 CYNTHIANNA CIR ALTAMONTE SPRINGS, FL 32701 US **Current Mailing Address: New Mailing Address:** 872 CYNTHIANNA CIR ALTAMONTE SPRINGS, FL 32701 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZERIVITZ, DON ZERIVITZ, DONALD 872 CYNTHIANNA CIR. 872 CYNTHIANNA CIR. ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701 US 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: DONALD ZERIVITZ 04/20/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WAYNE, JOHN Name: Name: 876 CYNTHINNA CIR. Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: Title: TD (X) Change () Addition () Delete Name: ZERVITZ, DON Name: ZERVITZ, DONALD Address: 872 CYNTHIANNA CIRCLE Address: 872 CYNTHIANNA CIRCLE City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: VPD () Delete Title: () Change () Addition CHALIFOUX, WAYNE Name: Name: 870 CYNTHIANNA CIRCLE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: BRENNER, LINDA Name: Address: 874 CYNTHIANNA CIRCLE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 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: DONALD ZERIVITZ TD 04/20/2006