

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23821

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** CAROLINA MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRITY PROPERTY MGMT. INC.  
5665 CORALRIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Principal Place of Business:**

C/O INTEGRITY PROPERTY MGMT. INC.  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

C/O INTEGRITY PROPERTY MGMT. INC.  
5665 CORALRIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

C/O INTEGRITY PROPERTY MGMT. INC.  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 65-0050284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTEGRITY PROPERTY MGMT. INC.  
5665 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: BENOIT, JANIS  
Address: 3441 GREENVIEW TERRACE W.  
City-St-Zip: MARGATE, FL

Title: PD  
Name: GHERARDINI, LAWRENCE  
Address: 6869 NW 33RD ST  
City-St-Zip: MARGATE, FL 33063

Title: SD  
Name: MORITT, JANET  
Address: 7696 HIGHLANDS CIRCLE  
City-St-Zip: MARGATE, FL 33063

Title: TD  
Name: PITTERSON, JANET  
Address: 2060 BAYBERRY WAY  
City-St-Zip: MARGATE, FL 33063

Title: V  
Name: BARTLETT, CAROLE  
Address: 2905 NW 70TH AVE  
City-St-Zip: MARGATE, FL 33063

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GHERARDINI

PD

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date