

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90009 001 \*\*\*\*61.25

**DOCUMENT # N24714**

1. Entity Name  
**CARILLON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**181 ATLANTIS BLVD  
ATLANTIS, FL 33462**

Mailing Address  
**C/O WAGNER  
193 ORANGE TREE DR  
ATLANTIS, FL 33462**

**40022700**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0110742**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, SUSAN  
193 ORANGE TREE DRIVE  
ATLANTIS BEACH, FL 33462**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DANIELS, HARRY**  
STREET ADDRESS **181 ATLANTIS BLVD**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **SEC** ☐ Delete  
NAME **BASTIN, RUTH**  
STREET ADDRESS **181 ATLANTIS BLVD, UNIT B**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **TRE** ☐ Delete  
NAME **WAGNER, SUSAN**  
STREET ADDRESS **193 ORANGE TREE DR**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **VP** ☐ Delete  
NAME **ZOOK, JOE**  
STREET ADDRESS **181 ATLANTIS BLVD UNIT E**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **VP** ☐ Delete  
NAME **NABHAN, ED**  
STREET ADDRESS **181 F ATLANTIS BLVD**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

TITLE **PR** ☐ Delete  
NAME **GERST, TODD**  
STREET ADDRESS **181 ATLANTIS BLVD, UNIT A**  
CITY-ST-ZIP **ATLANTIS, FL 33462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer / Secretary** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☒ 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 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: *Susan Wagner* **Susan Wagner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-07**  
Date

**561-966-2051**  
Daytime Phone #