2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90419 040 ****61.25

DOCUMENT # N31671

1. Entity Name
CARLSON PARK ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 352164 PALM COAST, FL 32137 US	PO BOX 352164 PALM COAST, FL 32135 US

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. PO Box 352164	Suite, Apt. #, etc.
City & State Palm Coast, FL	City & State
Zip 32135 Country US	Zip Country

4. FEI Number
59-2970259
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FARMER, LINWOOD 28 CARLSON LANE PALM COAST, FL 32137	Name: Marc Bellapianta Street Address (P.O. Box Number is Not Acceptable): 17 Old Kings Rd. S. Suite B City: Palm Coast FL Zip Code: 32137

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: MARC BELLAPIANTA, PROPERTY MGR 2-28-06
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FARMER, LINWOOD 28 CARLSON LANE PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINCHCOMB, JAMES 23 CARLSON LANE PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RHATIGAN, GEORGE 6 CARLSON CT. PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEWORK, SUZANNE 4 CARLSON LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PUGLIESE, CELIA 31 CARLSON LANE PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D Pugliese, Celia 31 Carlson Lane Palm Coast, FL 32137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEEDS, RALPH 5 CARLSON PLACE PALM COAST, FL 32137	☐ Delete Keep ✓	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Caren, Stencel 1 Carlson Lane Palm Coast, FL 32137	☐ Change ☒ Addition

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: Suzanne Kework, President 3/20/06 386/447-4933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Suzanne Kework