

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 010 ****61.25

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|--|---|---|--|---|--|
| DOCUMENT # N31671 1. Entity Name CARLSON PARK ESTATES HOMEOWNER'S ASSOCIATION, INC. | | | | | |
| Principal Place of Business PO BOX 352164 PALM COAST, FL 32137 US | | | | Mailing Address PO BOX 352164 PALM COAST, FL 32135 US | |
| 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 | 4. FEI Number 59-2970259 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BELLAPIANTA, MARC 17 OLD DINGS RD S STE B PALM COAST, FL 32137 | | | | 7. Name and Address of New Registered Agent Name Bellapianta, Marc Street Address (P.O. Box Number is Not Acceptable) 17 Old Kings Rd. N. Suite B City Palm Coast FL 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 2/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Farmer, Linwood 28 Carlson Ln. Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STINCHCOMB, JAMES 23 CARLSON LANE PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Macek, Belinda 1 Carlson Ct. Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RHATIGAN, GEORGE 6 CARLSON CT. PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEWORK, SUZANNE 4 CARLSON LANE PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Kework, Suzanne 4 Carlson Ln. Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD PUGLIESE, CELIA 31 CARLSON LANE PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Pugliese, Celia 31 Carlson Ln. Palm Coast, FL 32137 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEEDS, RALPH 5 CARLSON PLACE PALM COAST, FL 32137 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Sis o, Jose 37 Carlson Ln. Palm Coast, FL 32137 | |
| 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 2-12-07 386-446-2937 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |