2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2010
Secretary of State

DOCUMENT# N31671

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

Current Principal Place of Business:

50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 352164
PALM COAST, FL 32135 US

New Mailing Address:

FEI Number: 59-2970259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLAGLER PALM COAST PROPERTY MANAGEMENT, IN
50 LEANNI WAY
SUITE B6
PALM COAST, FL 32137 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: PD
Name: FARMER, LINWOOD
Address: 28 CARLSON LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: VPD
Name: MACEK, KEN
Address: 1 CARLSON CT.
City-St-Zip: PALM COAST, FL 32137 US

Title: SD
Name: FREEMAN, DEBBIE
Address: 17 CARLSON PLACE
City-St-Zip: PALM COAST, FL 32137 US

Title: D
Name: SCHOENDIEST, KEVIN
Address: 17 CARLSON LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: TD
Name: SISO, JOSE
Address: 37 CARLSON LN.
City-St-Zip: PALM COAST, FL 32137 US

Title: D
Name: HUTCHERSON, RICH
Address: 19 CARLCON LANE
City-St-Zip: PALM COAST, FL 32137 US

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: LINWOOD FARMER PRES 02/03/2010

Electronic Signature of Signing Officer or Director Date