

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31671

FILED  
Feb 14, 2012  
Secretary of State

**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:**

28 CARLSON LANE  
PALM COAST, FL 32137 US

**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:**

FARMER, LINWOOD E  
28 CARLSON LANE  
PALM COAST, FL 32137 US

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: LINWOOD FARMER

02/14/2012

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: VD  
Name: GORDON, BILL  
Address: 2 CARLSON PLACE  
City-St-Zip: PALM COAST, FL 32137 US

Title: D  
Name: STINCHCOMB, JIM  
Address: 23 CARLSON LANE  
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: SD  
Name: KEWORK, SUZANNE E  
Address: 4 CARLSON LANE  
City-St-Zip: PALM COAST, FL 32137

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

PD

02/14/2012

Electronic Signature of Signing Officer or Director

Date