

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40459

FILED
Jan 23, 2009
Secretary of State

Entity Name: CARLTON PLACE OF PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0230297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 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 () Delete
Name: MCMILLAN, WILLIS
Address: 362 CARLTON PLACE
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: GEORGIEFF, GREG
Address: 390 CARLTON PLACE
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: WIGGINS, JIM
Address: 343 CARLTON PLACE
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: GRANT, CHRISTOPHER
Address: 363 CARLTON PLACE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: CARLSON, BRUCE
Address: 310 CARLTON PLACE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIS MCMILLAN

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date