

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40715

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** CARILLON COMMUNITY RESIDENTIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-3054809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PINNAVLE PROPERTY MANAGEMENT, LLC.  
1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

PINNACLE PROPERTY MANAGEMENT, LLC.  
1511 EAST SR 434  
STE 3001  
WINTER SPRINGS, FL 32708 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: ANNE M. SMITH

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOFER, KEN  
Address: 3383 FOXCROFT CIR  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: ALVARADO, PETE  
Address: 3338 STERLING LAKE CIR  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Delete  
Name: BURGUNDER, KARL  
Address: 1565 GEMINI CT  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: KRAUS, MARYLEE  
Address: 3545 FOXCROFT CIR  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: SPOSATO, LOU  
Address: 3559 WOODLEY PRK PL  
City-St-Zip: OVIEDO, FL 32765

**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: KEN HOFER

PD

02/10/2009

Electronic Signature of Signing Officer or Director

Date