


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N40720	
1. Entity Name	
CARLYLE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225 CLEARWATER FL 33765 US	SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225 CLEARWATER FL 33765 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



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
59-3050011		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEIGHTON, LENNARD A SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225 CLEARWATER FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOMINSKI, ZIG	NAME	U00000646201
STREET ADDRESS	4038 CARLYLE LAKES BLVD	STREET ADDRESS	03/06/07-80020-017 61.25
CITY-STATE-ZIP	PALM HARBOR FL 34685	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHER, PAUL	NAME	
STREET ADDRESS	4347 CLARIDGE WAY	STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34685	CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKENBRINK, RALPH	NAME	
STREET ADDRESS	4348 HYTHE CT	STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34685	CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ERIC	NAME	
STREET ADDRESS	4343 HYTHE CT	STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34685	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, MARK	NAME	
STREET ADDRESS	4336 HYTHE CT	STREET ADDRESS	
CITY-STATE-ZIP	PALM HARBOR FL 34685	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X *Marcha A. Ryder* 2/20/07