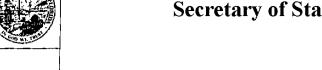
## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** DOCUMENT # N40720 1. Entity Name CARLYLE HOMEOWNER'S ASSOCIATION, INC.

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



Principal Placo of Business			Maili	Mailing Address						
SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225 CLEARWATER FL 33765 US			218	SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225 CLEARWATER FL 33765 US						
2. Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address			-		ÖTATT ÖYDIL ƏLBIL BIBLI B	
Suite, Apt. #. etc.			s	Suite, Apt. #, clc			1st MOORE CR2E037 (10/06)			
City & Stato			С	City & State			4. FEI Number	9-3050011	<u> </u>	oplied For ot Applicable
Zip Country			Z	Zıp		ntry			\$8.75 Add Fee Require	
6. Name and Address of Current Regis				ed Agent			7. Name and Add	ress of New Register	ed Agent	
LEIGHTON, LENNARD A SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND ST #225						Namo Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33765						City		····	■∎ Zip Cod	e .
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 acce										and accept
	tions of registe		,	0.0						
SIGNATURE  Signature, typoid or printed name of logistered agent and fille if applicable (NOTE: Rugistered Agent signature required when reinstating)  DATE										
	Organistic, lystad o	PRINTED PLANTS OF TOGGISTERS SIGN	dr.o (into i ap	PICADIB (NOTE:	nugisteraci	Agont signatura required	with tensional	DAI	<u> </u>	
FILE NOW: FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be		eck Payable		
Due By May 1, 2007				Ifusi Fung C	ontributio	on. 🗀	Added to Fees	<ul> <li>Florida Dep</li> </ul>	artment of §	State
10. OFFICERS AND DIR			PRECTORS		11.	ļ	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD			☐ Delete	TITLE			HOOOOoana	☐ Change	Addition
NAME STREET ADDRESS	SLOMINSKI	•		NAI STE		T ADDRESS	U00000646201 03/06/07-80020-017 61.25		·~	
CITY-ST-ZIP	4038 CARLYLE LAKES BLVD PALM HARBOR FL 34685			CITY-		i	55, 57, 50020-017, 61.25			25
TITLE	D			☐ Delete	THILE				Change	Addition
NAME	BACHER, P				NAME					j
STREET ADDRESS CITY-ST-7IP	4347 CLARI PALM HARE									
THE		JUN FL 34000			CITY-5	TADDRESS ST-7IP				
117	TD	ON FL 34000		☐ Delete		l l			☐ Change	Addilion
NAME	FINKENBRI	NK, RALPH	-	☐ Delele	CITY-S TITLE NAME	ST-7IP	<del> </del>		☐ Change	Addilion
NAME STREET ADDRESS	FINKENBRIN 4348 HYTHI	NK, RALPH E CT		□ Delele	CHY-S TITLE NAME STREET	ST-ZIP			☐ Change	Addilion
NAMI STREET ADDRESS CITY-ST-ZIP	FINKENBRIN 4348 HYTHI PALM HARE	NK, RALPH			CITY-S  TITLE  NAME  STREET  CITY-S	ST-ZIP			<u>.</u>	
NAME STREET ADDRESS	FINKENBRIN 4348 HYTHI	NK, RALPH E CT SOR FL 34685		☐ Delete	CHY-S TITLE NAME STREET	ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS	FINKENBRIN 4348 HYTHI PALM HARE VPD BURNS, ERIN 4343 HYTHI	NK, RALPH E CT SOR FL 34685 C E CT			CHY-S TITLE NAME STREET CHY-S TITLE NAME STREET	T ADDRESS ST-ZIP			<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME, STREET ADDRESS CITY-ST-ZIP	FINKENBRII 4348 HYTHI PALM HARE VPD BURNS, ERI 4343 HYTHI PALM HARE	NK, RALPH E CT SOR FL 34685		□ Delele	CHY-S HILE NAME STREET CITY-S HILE NAME STREET CITY-S	T ADDRESS ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP	FINKENBRIN 4348 HYTHI PALM HARE VPD BURNS, ERI 4343 HYTHI PALM HARE SD	NK, RALPH E CT SOR FL 34685 C E CT SOR FL 34685			CHY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			<u>.</u>	
NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME, STREET ADDRESS CITY-ST-ZIP	FINKENBRII 4348 HYTHI PALM HARE VPD BURNS, ERI 4343 HYTHI PALM HARE	NK, RALPH E CT SOR FL 34685 C E CT SOR FL 34685		□ Delele	CHY-S  HITLE NAME STREEL CHY-S  TITLE NAME STREEL CHY-S  THEE NAME	T ADDRESS ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME	FINKENBRIN 4348 HYTHI PALM HARE VPD BURNS, ERII 4343 HYTHI PALM HARE SD RYDER, MA 4336 HYTHE	NK, RALPH E CT SOR FL 34685 C E CT SOR FL 34685		□ Delele	CHY-S  HITLE NAME STREEL CHY-S  TITLE NAME STREEL CHY-S  THEE NAME	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition
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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 eath; 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 March a. Ryle