

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40720

FILED
Jan 20, 2009
Secretary of State

Entity Name: CARLYLE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST #225
CLEARWATER, FL 33765 US

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST #225
CLEARWATER, FL 33765 US

New Mailing Address:

FEI Number: 59-3050011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST #225
CLEARWATER, FL 33765 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: SLOMINSKI, ZIG
Address: 4038 CARLYLE LAKES BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: BACHER, PAUL
Address: 4347 CLARIDGE WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: FINKENBRINK, RALPH
Address: 4348 HYTHE CT
City-St-Zip: PALM HARBOR, FL 34685

Title: VPD () Delete
Name: BURNS, ERIC
Address: 4343 HYTHE CT
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: CUNHA, WILLIAM
Address: 4186 KIRKALDY DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BACHER, PAUL
Address: 4347 CLARIDGE WAY
City-St-Zip: PALM HARBOR, FL 34685

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

Title: SD (X) Change () Addition
Name: PLATT, JOHN
Address: 4159 KIRKALDY CT
City-St-Zip: PALM HARBOR, FL 34685

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: ZIG SLOMINSKI

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date