

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000004413

1. Entity Name
**CARLTON RANCHES HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**BROCK MANAGEMENT/11606 NW 19TH DRIVE
CORAL SPRINGS, FL 33077 US**

Mailing Address

**PO BOX 770850
POMPANO BEACH, FL 33077 US**

DO NOT WRITE IN THIS SPACE



02242006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0543463

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROCK, JANE
11606 N W 19TH DRIVE
CORAL SPRINGS, FL 33071**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | DP |
| NAME | ANNUNZIATH, FRED |
| STREET ADDRESS | 3501 FAIRFAX LANE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | V |
| NAME | ADAMS, BEN |
| STREET ADDRESS | 14025 CARLTON DR |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | S |
| NAME | GRIFFIS, PAM |
| STREET ADDRESS | 14100 CARLTON DRIVE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | D |
| NAME | JONES, MICHAEL |
| STREET ADDRESS | 83825 CARLTON DR |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | T |
| NAME | GUARIO, LOUIS |
| STREET ADDRESS | 14050 CARLTON DRIVE |
| CITY-ST-ZIP | DAVIE, FL 33330 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/25/06-80042-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Pam D. Griffis **Pam D. Griffis** 3/7/06