

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90031 012 ****61.25

DOCUMENT # N93000004413 1. Entity Name CARLTON RANCHES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BROCK MANAGEMENT/11606 NW 19TH DRIVE CORAL SPRINGS, FL 33071 US				Mailing Address PO BOX 770850 POMPANO BEACH, FL 33077 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0543463	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BROCK, JANE 11606 N W 19TH DRIVE CORAL SPRINGS, FL 33071				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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ANNUNZIATH, FRED		NAME		
STREET ADDRESS	3501 FAIRFAX LANE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ADAMS, BEN		NAME		
STREET ADDRESS	14025 CARLTON DR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRIFFIS, PAM		NAME		
STREET ADDRESS	14100 CARLTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	JONES, MICHAEL		NAME		
STREET ADDRESS	83825 CARLTON DR		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GUARIO, LOUIS		NAME		
STREET ADDRESS	14050 CARLTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAVIE, FL 33330		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Pamela D. Griffis (Pamela D. Griffis)</u>			3-11-08 954-424-1387		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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