

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000302

FILED
Apr 20, 2009
Secretary of State

Entity Name: CARLTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0465966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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: ISAACSON, WILLIAM K.

04/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RANDELL, JACK
Address: 3648 NW 62ST
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: LEVINE, JEFFERY
Address: 3672 NW 62ND ST
City-St-Zip: BOCA RATON, FL 33496

Title: SD () Delete
Name: O'DONNELL, BARBARA
Address: 3681 NW 62 ST
City-St-Zip: BOCA RATON, FL 33496

Title: TD () Delete
Name: KERSH, MARTHA
Address: 3609 NW 62ND ST
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: BELFORD, HOWARD
Address: 3657 NW 62ND ST
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KERSH, MARTHA

TD

04/20/2009

Electronic Signature of Signing Officer or Director

Date