

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 01, 2011
Secretary of State

DOCUMENT# N94000003785

Entity Name: CARROLLTON LAKES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE
4902 EISENHOWER BLVD, SUITE 216
TAMPA, FL 33634 US**New Principal Place of Business:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US**Current Mailing Address:**REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US**New Mailing Address:**C/O QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US**FEI Number:** 65-0542678**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US HWY. 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE

11/01/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: ILSEMANN, MICHAEL
Address: 5901 US HWY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S
Name: CORREIA, LINDA
Address: 5901 US HWY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: T
Name: CORMON, MICHEL
Address: 5901 US HWY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: P
Name: MARTIN, GARY
Address: 5901 US HWY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: D
Name: THOMPSON, JUDY
Address: 5901 US HWY 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL ILSEMANN

VP

11/01/2011

Electronic Signature of Signing Officer or Director

Date