# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2006 8:00 am**
**Secretary of State**
04-05-2006 90154 039 ****61.25

DOCUMENT # N95000000409

1. Entity Name
CARLTON PALMS CONDONINIUM ASSOCIATION, INC.

66011098

| Principal Place of Business | Mailing Address |
|---|---|
| CARLTON PALMS CONDO, ASSOC<br>224 E GARDEN ST STE 8<br>PENSACOLA, FL 32502 US | CARLTON PALMS CONDO, ASSOC<br>224 E GARDEN ST STE 8<br>PENSACOLA, FL 32502 US |

03232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3369979
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, SANDRA J
224 E. GARDEN ST., STE. 8
PENSACOLA, FL 32502

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

**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 | PD |
| NAME | SMITH, MARK L |
| STREET ADDRESS | 224 E GARDEN ST UNIT 3 |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | D |
| NAME | FICKLING, TRAVIS |
| STREET ADDRESS | 224 E GARDEN ST, UNIT 305 |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | VD |
| NAME | POSEY, DONALD |
| STREET ADDRESS | 224 E. GARDEN ST., UNIT 409 |
| CITY-ST-ZIP | PENSACOLA, FL 32502 |
| TITLE | STD |
| NAME | Stewart Ramsay |
| STREET ADDRESS | 1721 N. Baylen Street |
| CITY-ST-ZIP | Pensacola, FL 32501 |
| TITLE | D |
| NAME | Robert Carlson |
| STREET ADDRESS | 224 E Garden St. Unit 448 |
| CITY-ST-ZIP | Pensacola, FL 32502 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** (Mark Lee Smith) 3-27-2006 (850) 469-1677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #