2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N95000000409

Entity Name: CARLTON PALMS CONDONINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CARLTON PALMS CONDO, ASSOC
224 E GARDEN ST STE 8
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

CARLTON PALMS CONDO, ASSOC
224 E GARDEN ST STE 8
PENSACOLA, FL 32502 US

New Mailing Address:

FEI Number: 59-3369979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUZANNE BLANKENSHIP, ESQUIRE
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, MARK L
Address: 224 E GARDEN ST UNIT 3
City-St-Zip: PENSACOLA, FL 32502

Title: TD ( ) Delete
Name: NEUBERT, ROBERTA
Address: 13555 PERDIDO KEY DR, UNIT 3B
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete
Name: POSEY, DONALD
Address: 224 E. GARDEN ST., UNIT 409
City-St-Zip: PENSACOLA, FL 32502 US

Title: SD ( ) Delete
Name: JERNIGAN, RICHARD
Address: 1721 N BAYLEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: PD ( ) Delete
Name: ROBINSON, ABIGAIL
Address: 224 E GARDEN ST UNIT 142
City-St-Zip: PENSACOLA, FL 32502

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: ABIGAIL ROBINSON PD 04/26/2009

Electronic Signature of Signing Officer or Director — Date