

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000005232

1. Entity Name
CARTER CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**660 CARTER AVE
PORT ST. LUCIE, FL 34953 US**

Mailing Address
**1130 N G STREET
LAKE WORTH, FL 33460 US**



01262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0708694

Applied For.
Not Applicable

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

6. Name and Address of Current Registered Agent

**HELCHER, ROBERT
1130 N G STREET
SUITE 203
LAKE WORTH, FL 33460**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUEBLER, ALBERT
STREET ADDRESS	664 SW CARTER AVE
CITY - ST - ZIP	PORT ST. LUCIE, FL 34983
TITLE	STD
NAME	HELCHER, ROBERT
STREET ADDRESS	1130 N G STREET
CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	VD
NAME	RENNO, DONNA
STREET ADDRESS	142 SE WALTERS TERRACE
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Helcher *Secretary* *1/26/07* *1-800-433-4449*