

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000005232

**FILED**  
**Jan 09, 2013**  
**Secretary of State**

**Entity Name:** CARTER CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

656-664 SW CARTER AVE  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

664 CARTER AVENUE  
PT ST LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 65-0708694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALBERT, KUEBLER  
664 SW CARTER AVENUE  
PORT ST LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

SCHLEGEL, JOE  
2332 BAY VILLAGE COURT  
WEST PALM BEACH, FL 33410 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: JOE SCHLEGEL

01/09/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KUEBLER, ALBERT  
Address: 664 SW CARTER AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: VP  
Name: SCHLEGEL, JOE  
Address: 2332 BAY VILLAGE CT  
City-St-Zip: WEST PALM BEACH, FL 33410 US

Title: D  
Name: MAZOCK, BRUCE  
Address: 658 SW CARTER AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983 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: JOE SCHLEGEL

VP

01/09/2013

Electronic Signature of Signing Officer or Director

Date