

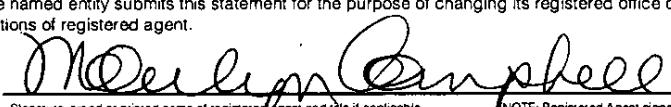
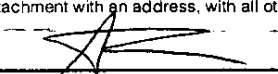


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90040 019 ****61.25

DOCUMENT # N97000005496 1. Entity Name CARLTON OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 N WESTMONTE DR SUITE 100 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box # 860 North S.R. 434		3. Mailing Address 860 North S.R. 434		40067553 	
Suite, Apt. #, etc. Suite 1009		Suite, Apt. #, etc. Suite 1009		03192008 Chg-NP CR2E037 (12/06)	
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 59-3473197	
Zip 32714		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, MARILYN 190 N WESTMONTE DR, STE 100 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Campbell, Marilyn Street Address (P.O. Box Number is Not Acceptable) 860 North S.R. 434 Suite Suite 1009 City Altamonte Springs FL Zip Code 32714	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 3/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	
	PD	TYNER, MATTHEW	1230 PAT PATTERSON CT	APOPKA, FL 32712	
	VD	WEBB, PAXTON	1224 PAT PATTERSON CT	APOPKA, FL 32712	
	TD	GORE, JAMES	1229 PAT PATTERSON CT	APOPKA, FL 32712	
	SD	HILL, TERRI	1217 PAT PATTERSON CT.	APOPKA, FL 32712	
	D	ALBERT, TRACEY	1236 PAT PATTERSON CT	APOPKA, FL 32712	
	D	CREEL, VALERIE	1223 PAT PATTERSON CT	APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: 				Date 4-9-08 Daytime Phone # 407-76-9351	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					