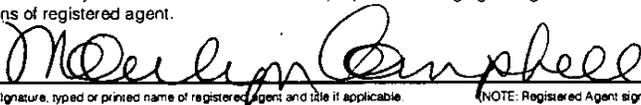
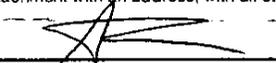


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		40067553	
2. Principal Place of Business - No P.O. Box # 860 North S.R. 434 Suite, Apt. #, etc. Suite 1009 City & State Altamonte Springs, FL		3. Mailing Address 860 North S.R. 434 Suite, Apt. #, etc. Suite 1009 City & State Altamonte Springs, FL		 03192008 Chg-NP CR2E037 (12/06)	
- Zip - 32714		- Zip - 32714			
- Country - USA		- Country - USA		4. FEI Number 59-3473197	
				Applied For <input type="checkbox"/> Not Applicable	
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 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		 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		3/25/08 DATE	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TYNER, MATTHEW	NAME			
STREET ADDRESS	1230 PAT PATTERSON CT	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEBB, PAXTON	NAME			
STREET ADDRESS	1224 PAT PATTERSON CT	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GORE, JAMES	NAME			
STREET ADDRESS	1229 PAT PATTERSON CT	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, TERRI	NAME			
STREET ADDRESS	1217 PAT PATTERSON CT.	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERT, TRACEY	NAME			
STREET ADDRESS	1236 PAT PATTERSON CT	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CREEL, VALERIE	NAME			
STREET ADDRESS	1223 PAT PATTERSON CT	STREET ADDRESS			
CITY - ST - ZIP	APOPKA, FL 32712	CITY - ST - ZIP			
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: 		4-9-08		407-76-9351	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	