


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90088 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000662

1. Corporation Name
CARLYLE COMMUNITY ASSOCIATION, INC.

Principal Place of Business 7120 SOUTH BENEVA ROAD SARASOTA FL 34238	Mailing Address 7120 SOUTH BENEVA ROAD SARASOTA FL 34238
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 02/04/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0814711
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SPENCER, MARC I C/O CHERRY & SPENCER, P.A. 1665 PLAM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name Peshkin, John Z. 82 Street Address (P.O. Box Number is Not Acceptable) 7120 S. Beneva Rd. 83 84 City Sarasota FL 85 Zip Code 34238
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE John Z. Peshkin DATE **4/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, MICHAEL T		1.2 NAME	
STREET ADDRESS 7120 SOUTH BENEVA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34238		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/VP/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME IVIN, DAVID		2.2 NAME	
STREET ADDRESS 7120 SOUTH BENEVA ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34238		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, BRIAN		3.2 NAME Bakan, Steven	
STREET ADDRESS 7120 SOUTH BENEVA ROAD		3.3 STREET ADDRESS 7120 S. Beneva Rd.	
CITY-ST-ZIP SARASOTA FL 34238		3.4 CITY-ST-ZIP Sarasota, FL 34238	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED: Ivin DATE: **4/15/99** DAYTIME PHONE #: **(941) 927-0999**

CR2E037 (1/98)