

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0085303

**DOCUMENT # N98000000662**

1. Entity Name

**CARLYLE COMMUNITY ASSOCIATION, INC.**

03-31-2002 90339 011 \*\*\*\*61.25

Principal Place of Business <b>7120 SOUTH BENEVA ROAD SARASOTA FL 34238</b>	Mailing Address <b>8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON FL 34202</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8430 ENTERPRISE CIRCLE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc.	
City & State <b>BRADENTON, FL</b>		City & State	
Zip <b>34202</b>	Country	Zip	Country

4. FEI Number <b>65-0814711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PESHKIN, JOHN R  
8430 ENTERPRISE CIRCLE  
SUITE 100  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MILLER, MICHAEL T 7120 SOUTH BENEVA ROAD SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BAKAN, STEVEN 7120 SOUTH BENEVA ROAD SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD MARTINELLO, MICHAEL C 7120 S BENEVA RD SARASOTA FL 34238</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Miller, Michael T. 8430 Enterprise Circle, Suite 100 Bradenton, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D Bakan, Steven A. 8430 Enterprise Circle, Suite 100 Bradenton, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D Martinello, C., Michael 8430 Enterprise Circle, Suite 100 Bradenton, FL 34202</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **C. Michael MARTINELLO** Daytime Phone #

CR2E037 (9/01)