


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90434 029 ****61.25

DOCUMENT # N98000000662

1. Entity Name
CARLYLE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
2848 PROCTOR ROAD
SARASOTA, FL 34231

Mailing Address
2848 PROCTOR ROAD
SARASOTA, FL 34231



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04182007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0814711

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILLER MANAGEMENT SERVICES
2848 PROCTOR ROAD
SARASOTA, FL 34231

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	AMATO, CONSTANCE	
STREET ADDRESS	5229 CREEKSIDE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KIPLING, HARRIET	
STREET ADDRESS	6618 CHESWICK STREET	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONOHER, JOHN	
STREET ADDRESS	5117 CREEKSIDE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREINER, DAN	
STREET ADDRESS	5321 CREEKSIDE TRAIL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAAL, MICHAEL	
STREET ADDRESS	5385 CREEKSIDE TRL	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, JOHN	
STREET ADDRESS	6626 Cheswick Street	
CITY-ST-ZIP	Sarasota, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Constance Amato Constance Amato, President 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(941) 923-5311