

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000662

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** CARLYLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

**New Mailing Address:**

FEI Number: 65-0814711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER MANAGEMENT SERVICES  
2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TROYAN, BILL  
Address: 5142 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243 US

Title: D  
Name: CHRISTENSEN, BARBARA  
Address: 5225 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: TD  
Name: MERVIS, JERRY  
Address: 4929 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

Title: SD  
Name: KIPLING, HARRIET  
Address: 6618 CHESWICK STREET  
City-St-Zip: SARASOTA, FL 34243 US

Title: VD  
Name: DAN, GREINER  
Address: 5321 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM TROYAN

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date