



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 039 ****61.25

DOCUMENT # N99000003436					
1. Entity Name CARLTON DUNES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3000 FIRST COAST HWY AMELIA ISLAND, FL 32034 US			Mailing Address PO BOX 3000 AMELIA ISLAND, FL 32035 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3645079	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GREGORY, DAVID AIM 3000 FIRST COLONY HWY FERNANDINA BEACH, FL 32034			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, CHARLES 4658 CARLTON DUNES DR #3 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD SCAVOTTO, STEPHEN 4602 CARLTON DUNES DR #4 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
SD SPROAT, SANDY 4658 CARLTON DUNES DRIVE #10 FERNANDINA BEACH, FL 32034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D NOONAN, JOHN 609 WEST GRAVERS LN PHILADELPHIA, PA 19118	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
VD TOOLE, ALBERT 4682 CARLTON DUNES DR #3 FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D SAMMON, JOHN P 4602 CARLTON DUNES DR #8 FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			Date: 3/8/07 Daytime Phone #: 904 261 5000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					