

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000061931

1. Entity Name
CARLTON RESIDENCES INC.



Principal Place of Business

2 NORTH TAMiami TRAIL
SUITE 210
SARASOTA, FL 34236

Mailing Address

2 NORTH TAMiami TRAIL
SUITE 210
SARASOTA, FL 34236



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1115657

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLF, RON
2 N. TAMiami TRAIL STE 210
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WOLF, NORTON
STREET ADDRESS	2 NORTH TAMiami TRAIL #210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	SD
NAME	WOLF, RON
STREET ADDRESS	2N TAMiami TRAIL STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	YATES, NANCY L
STREET ADDRESS	2 N. TAMiami TRAIL STE 210
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	AVP
NAME	HALL, JOAN
STREET ADDRESS	700 RICHMON ST. STE 410
CITY-ST-ZIP	LONDON, O 43057
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000315272
04/19/05-80029-010 150.00

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IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-05

Date

941-954-2300

Daytime Phone #