

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002725

**FILED**  
**Jan 29, 2023**  
**Secretary of State**  
**6137853990CC**

**Entity Name:** CARLETON TERRACE PARK ASSOCIATION INC.

**Current Principal Place of Business:**

2060 NORTH INDIAN RIVER DRIVE  
COCOA, FL 32922

**Current Mailing Address:**

2060 NORTH INDIAN RIVER DRIVE  
COCOA, FL 32922 US

**FEI Number: 35-2667485**

**Certificate of Status Desired: No**

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

JABLONSKI HENRY, SHARON  
225 E. ROBINSON ST.  
STE 600  
ORLANDO, FL 32801 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            SLACK, BARRY  
Address        300 CARLETON DR.  
City-State-Zip: COCOA FL 32922

Title            VP, DIRECTOR  
Name            STEWART, BETH  
Address        2400 MACFARLAND DR  
City-State-Zip: COCOA FL 32922

Title            SECRETARY  
Name            SLACK, CARINA  
Address        300 CARLETON DR  
City-State-Zip: COCOA FL 32922

Title            TREASURER  
Name            FRIZELL, MARIE  
Address        2414 MERIDIAN AVE  
City-State-Zip: COCOA FL 32922

Title            DIRECTOR  
Name            JASPERS, PENNY  
Address        332 BELLAIRE DR  
City-State-Zip: COCOA FL 32922

Title            DIRECTOR  
Name            FRIZELL, JAMES  
Address        2414 MERIDIAN AVE  
City-State-Zip: COCOA FL 32922

Title            DIRECTOR  
Name            CHABRIAN, JULIE  
Address        2501 MERIDIAN AVE  
City-State-Zip: COCOA FL 32922

*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: CARINA SLACK**

**SECRETARY**

**01/29/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date