

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000002725

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