

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000662

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC0601164989**

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

**Current Principal Place of Business:**

2848 PROCTOR ROAD  
SARASOTA, FL 34231

**Current Mailing Address:**

2848 PROCTOR ROAD  
SARASOTA, FL 34231 US

**FEI Number:** 65-0814711

**Certificate of Status Desired:** No

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

MILLER MANAGEMENT SERVICES  
2848 PROCTOR ROAD  
SARASOTA, FL 34231 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 D  
Name TOPPEL, RICHARD  
Address 5131 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

Title PRESIDENT, DIRECTOR  
Name CHRISTENSEN, BARBARA  
Address 5225 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

Title VP, DIRECTOR  
Name MORRIS, ENID  
Address 5252 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

Title SECRETARY, TREASURER,  
DIRECTOR  
Name SROGE, MARIAN  
Address 5229 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR  
Name BECKER, PATRICIA  
Address 4951 CREEKSIDE TRAIL  
City-State-Zip: SARASOTA FL 34243

*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:** BARBARA CHRISTENSEN

**PRESIDENT**

**04/01/2014**

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

\_\_\_\_\_  
Date