2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000662

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

Name and Address of Current Registered Agent:

MILLER MANAGEMENT SERVICES 2848 PROCTOR ROAD SARASOTA, FL 34231 US

Certificate of Status Desired: No

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

Officer/Director Detail :

| Title | PD | Title | VD |
|-----------------|-----------------------|-----------------|----------------------|
| Name | GREINER, DANIEL | Name | GUNDEK, DONALD |
| Address | 5321 CREEKSIDE TRAIL | Address | 4932 CREEKSIDE TRAIL |
| City-State-Zip: | SARASOTA FL 34243 | City-State-Zip: | SARASOTA FL 34243 |
| Title | SD | Title | TD |
| Name | AMATO, CONSTANCE | Name | SNOEREN, COR |
| Address | 5229 CREEKSIDE TRAIL | Address | 5312 CREEKSIDE TRAIL |
| City-State-Zip: | SARASOTA FL 34243 | City-State-Zip: | SARASOTA FL 34243 |
| Title | D | | |
| Name | EVANGELISTA, ALLESSIO | | |
| Address | 5147 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: CONSTANCE AMATO

SECRETARY

03/27/2015

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 27, 2015 Secretary of State CC6605161794

Date