

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 291793

**Entity Name:** CARLTON TERRACE NORTH CORPORATION

**Current Principal Place of Business:**

2142 N. E. 56TH COURT  
FORT LAUDERDALE, FL 33308

**FILED**  
**Apr 19, 2020**  
**Secretary of State**  
**5175111819CC**

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD 7 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number:** 59-1140272

**Certificate of Status Desired:** No

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

GOLDBERG, SHELDON E  
C/O PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD 7 105  
LAUDERDALE LAKES, FL 33319 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:** SHELDON GOLDBERG

04/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name GORMLEY, GERI  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR  
Name LEOPARDI, LUIGI  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title PD  
Name SCALZO, ANDY  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR  
Name GARDNER, KATHLEEN  
Address C/O 4800 N. STSTE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title TREASURER  
Name BILLICK, FRED  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR  
Name PRICE, SONDR  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP  
Name IAVARONE, DOMINICK  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR  
Name BUTT, KENNETH D.  
Address C/O 4800 N. STATE RD. 7  
SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANDY SCALZO

PRESIDENT

04/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SHAMLIAN, DIANE  
Address        C/O 4800 N. STATE RD. 7  
                  SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319