## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N0000006938

1. Entity Name

CARLETON OAKS HOMEOWNERS ASSOCIATION, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90781 011 \*\*\*\*61.25

Principal Plac	ce of Business	Mailing Address						
	ULEVARD #400	4500 PGA BOULEVARD #400	1440					
PALM BEACH	GARDENS FL 33418	PALM BEACH GARDENS FL 33	9416					
					)   <b>                                   </b>	<b>                                    </b>		
2. Principal F	Place of Business	3. Mailing Address		_				
8895 Nb. Military Tr. 8895 Nb. 1			Militar	TC.				. 1001
		Suite, Apt. #, etc.			CHECK H	ERE IF MAKING CHA	NGES	
	11-E	201-E						
City & Stat		City & State	idano o	-, l	4. FEI Number <b>65-10483</b>	70	Applied	
<u> </u>	Beach Coardens FL Country	<u>Palm Beach (5a.</u> <sup>Zip</sup>	Country	-	<del></del>	éo a		plicable
339	1 01 - 11		Palm Bea	J.	<ol><li>Certificate of Status Desir</li></ol>		<b>75</b> Additional Required	al
	6. Name and Address of Current R	egistered Agent	I H IM CEC	<u> </u>	7. Name and Address of No			
			Name	<u> </u>	- MCA 11	The same of the sa		
SHANNON, WILLIAM E			Street A	Donna Mc Donald				
4500 PGA BOULEVARD #400			Street Address (P.O. Box Number is Not Acceptable)					
	ACH GARDENS FL 33418				, , , , , , , , , , , , , , , , , , ,		-1	
			City			<b>—</b> • 17	ip Code , ,	
				Palm	Beach Gorden		<b>ʹʹ</b> Ϫ϶ϓ	10
	named entity submits this statement for	the purpose of changing its regi	istered office or	registered	agent, or both, in the State of	of Florida. I am familia	r with, and a	accept
the obligat	tions of registered agent.						ca for	
	Marin M	1000				Ę		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Bac	gistered Agent signatu	re required wh	en reinetating)	DATE		-
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**SIGNATURE** 

4/10/03