



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/03/2005	200530602040	CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

KAMAN & CUSIMANO ATTY AT LAW
50 PUBLIC SQUARE, STE 600
ATTN DAVID W KAMAN
CLEVELAND, OH 44113

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**527362**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CARLTON HOUSE CONDOMINIUM UNIT OWNERS ASSOCIATION OF CUYAHOGA COUNTY
and, that said business records show the filing and recording of:

Document(s)
CERTIFICATE OF CONTINUED EXISTENCE

Document No(s):
200530602040



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 28th day of October, A.D.
2005.

J. Kenneth Blackwell
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to Ohio Secretary of State

☐ YesPO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☒ NoPO Box 788
Columbus, OH 43216

RECEIVED

OCT 28 2005

J. KENNETH BLACKWELL
SECRETARY OF STATE**CONTINUED EXISTENCE OF
NON-PROFIT CORPORATION**

(For Non-Profit Domestic or Foreign)

Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)**(1)** ☒ Statement of Continued Existence (163-CCE)**(2)** ☐ Verification of Foreign Non-Profit (173-FCE)

The corporation is still actively engaged in exercising its corporate privileges in Ohio

DO HEREBY STATE THE FOLLOWING:

Complete ALL of the general information in this section for the box checked above.Name of Entity Carlton House Condominium Unit Owners Association of Cuyahoga CountyCharter or License No.
of Entity527362**Complete the information in this section if box (1) is checked.**

Principal Location

Shaker Heights

(City)

Cuyahoga

(County)

Date of Incorporation

December 15, 1978**Complete the information in this section if box (2) is checked.**

Date Qualified in Ohio

(Date)

Incorporated in the State of

Principal Location NOT
in Ohio

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

(State)

(Zip Code)

Principal Location in Ohio

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (2) is checked.

Has your principal location or
Business Address Changed
Since Last Filing?

☐ Yes

☐ No

If yes, an amendment (form no. 565) must be filed with an additional fee of \$50.00

Name and Address of
Current Agent (if applicable)

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City)

(County)

Ohio

(State)

(Zip Code)

Complete the information in this section if box (1) is checked.

Name and Address of
Current Agent

David W. Kaman

(Name)

(Agent must sign Acceptance of
Appointment if there is a different
agent on record)

50 Public Square #600

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

Cuyahoga

(County)

Ohio

(State)

44113

(Zip Code)

ACCEPTANCE OF APPOINTMENT

The Undersigned, _____, named herein as

the Statutory agent for, _____, hereby acknowledges and
accepts the appointment of statutory agent for said entity.

Signature: _____

(Statutory Agent)

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)

Charles Binkard, President

Authorized Representative

10/3/05

Date