

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735108** (3)
1. Corporation Name
CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5451 BAYSHORE ROAD NORTH FORT MYERS FL 33917

3. Date Incorporated or Qualified **03/03/1976** 3a. Date of Last Report **06/17/1994**
4. FEI Number **59-1916766** Applied For Not Applicable

2. Principal Place of Business (2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STALEY, WILLIAM
138 CONESTOGA TRAIL
NORTH FT. MYERS FL 33917**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0305, Florida Statutes.

SIGNATURE William J. Staley DATE 17 Mar. 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	LOCKLIN, ROGER
STREET ADDRESS	155 OVERLAND
CITY-ST-ZIP	N. FORT MYERS FL
TITLE	D
NAME	HICKMAN, BOB
STREET ADDRESS	208 COBBLESTONE
CITY-ST-ZIP	N. FT. MYERS FL
TITLE	T
NAME	BROWN, JOYCE
STREET ADDRESS	203 BRANDYWINE
CITY-ST-ZIP	N FT MEYERS FL
TITLE	D
NAME	BOLYARD, DAVID
STREET ADDRESS	205 BRANDYWINE
CITY-ST-ZIP	NORTH FT. MYERS FL
TITLE	D
NAME	MEEKS, BARBARA
STREET ADDRESS	169 CHISHOLM
CITY-ST-ZIP	N FT MYERS, FL 00000
TITLE	D
NAME	KENNEL, ED
STREET ADDRESS	191 OVERLAND
CITY-ST-ZIP	NORTH FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: V. J. Roper President DATE 3-5-95 CHANGES FILED 819-543-2771
HIGHLINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR