

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 01, 1996 08:00 AM  
Secretary of State

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



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

3. Date Incorporated or Qualified: **03/03/1976**  
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **59-1916766**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *William N. Staley* **WILLIAM STALEY** 1-22-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

T	LOCKLIN, ROGER 155 OVERLAND N. FORT MYERS FL	<input checked="" type="checkbox"/> DELETE
D	HICKMAN, BOB 208 COBBLESTONE N. FT. MYERS FL	<input checked="" type="checkbox"/> DELETE
T	BROWN, JOYCE 203 BRANDYWINE N FT MEYERS FL	<input checked="" type="checkbox"/> DELETE
D	BOLYARD, DAVID 205 BRANDYWINE NORTH FT. MYERS FL	<input checked="" type="checkbox"/> DELETE
D	MEEKS, BARBARS 169 CHISHOLM N FT MYERS, FL 00000	<input type="checkbox"/> DELETE
D	KENNEL, ED 191 OVERLAND NORTH FT. MYERS FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.RES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALTER, Richard	
1.3 STREET ADDRESS	371 SANTA FE	
1.4 CITY-ST-ZIP	N. FORT MYERS, FL-33917	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GENE EAGLESON	
2.3 STREET ADDRESS	131 CHISHOLM	
2.4 CITY-ST-ZIP	N. FORT MYERS, FL. 33917	
3.1 TITLE	* TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MACUIRE, NORVAL	
3.3 STREET ADDRESS	205 COBBLESTONE	
3.4 CITY-ST-ZIP	N. FORT MYERS, FL. 33917	
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 119.07(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 address.

SIGNATURE: *R. Walter Pres.* 1-22-96 941-543-2771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)