

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address  
5451 BAYSHORE ROAD NORTH FORT MYERS FL 33917  
5451 BAYSHORE ROAD NORTH FORT MYERS FL 33917-3072

3. Date Incorporated or Qualified 03/03/1976  
3a. Date of Last Report 02/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number 59-1916766 Applied For Not Applicable  
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 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 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 H. Staley* 1-13-97  
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Joyce Brown-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER, RICHARD	1.2 NAME	203 Brandywine Ln
STREET ADDRESS	371 SANTA FE	1.3 STREET ADDRESS	N. FT. MYERS, FL-33917
CITY-ST-ZIP	N. FORT MYERS FL 33917	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	ASST. TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EAGLESO, GENE	2.2 NAME	JOYCE HUNTLEY
STREET ADDRESS	131 CHISHOLM	2.3 STREET ADDRESS	210 SHENANDOAH LN.
CITY-ST-ZIP	N. FT. MYERS FL 33917	2.4 CITY-ST-ZIP	N. FT. MYERS, FL-33917
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORVAL, MAGUIRE	3.2 NAME	JERRY STONER
STREET ADDRESS	205 COBBLESTONE	3.3 STREET ADDRESS	134 GUERLAND TR.
CITY-ST-ZIP	N FT MEYERS FL 33917	3.4 CITY-ST-ZIP	N. FT. MYERS, FL-33917
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOLYARD, DAVID	4.2 NAME	JO STIMSON
STREET ADDRESS	205 BRANDYWINE	4.3 STREET ADDRESS	211 HARVEST LANE
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917-3029
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEKS, BARBARA	5.2 NAME	
STREET ADDRESS	169 CHISHOLM	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEL, ED	6.2 NAME	
STREET ADDRESS	191 OVERLAND	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT. MYERS FL	6.4 CITY-ST-ZIP	

14. I do 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 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.C. Walter* REQUIRED PRES. *R.C. Walter* 1-10-97 (941) 543-2771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056869

CR2E037 (9/96)