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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90117 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735108**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1916766
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIES, CHRISTOPHER N 12601 WORLD PLAZA LN SUITE 2 FT MYERS FL 33907		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONER, GERALD	1.2 NAME	Bruner, Jean
STREET ADDRESS	134 OVERLAND TRAIL	1.3 STREET ADDRESS	215 Brandywine Lane
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER, MARK	2.2 NAME	Burns, Francis
STREET ADDRESS	392 SANTE FE TRAIL	2.3 STREET ADDRESS	174 Overland Trail
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers, FL 3917
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTLEY, JOYCE	3.2 NAME	Walter, Mark
STREET ADDRESS	210 SHENANDOAH LN	3.3 STREET ADDRESS	392 Santa Fe Trail
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	N Ft. Myers, FL 33917
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOYCE	4.2 NAME	Hackworth, Payne
STREET ADDRESS	203 BRANDYWINE LN	4.3 STREET ADDRESS	131 Conestoga Trail
CITY-ST-ZIP	NORTH FT. MYERS FL	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNER, JEAN	5.2 NAME	Rath, Patricia
STREET ADDRESS	215 BRANDYWINE LN	5.3 STREET ADDRESS	213 Santa Fe Trail
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	N. Ft. Myers, FL 33917
TITLE	ATD <input type="checkbox"/> DELETE	6.1 TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, FRED	6.2 NAME	Anderson, Harry
STREET ADDRESS	116 OVERLAND TR	6.3 STREET ADDRESS	203 Harvest Lane
CITY-ST-ZIP	N FT MYERS FL	6.4 CITY-ST-ZIP	No. Ft. Myers, FL 33917

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Mark Bruner SIGNATURE REQUIRED 1-21-99 941-543-2771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)