

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735108

1. Entity Name

CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90162 038 ****61.25

Principal Place of Business

Mailing Address

5451 BAYSHORE ROAD
 NORTH FORT MYERS FL 33917

5451 BAYSHORE ROAD
 NORTH FORT MYERS FL 33917-3072

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1916766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIES, CHRISTOPHER N
 12601 WORLD PLAZA LN SUITE 2
 FT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BRUNER, JEAN	
STREET ADDRESS	215 BRANDYWINE LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BURNS, FRANCIS	
STREET ADDRESS	174 OVERLAND TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WALTER, MARK	
STREET ADDRESS	392 SANTA FE TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	HACKWORTH, PAYNE	
STREET ADDRESS	131 CONESTOGA TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RATH, PATRICIA	
STREET ADDRESS	213 SANTA FE TRAIL	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, HARRY	
STREET ADDRESS	203 HARVEST LANE	
CITY-ST-ZIP	N. FT. MYERS FL 33917	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eagleson, Eugene	
STREET ADDRESS	131 Chisholm Trail	
CITY-ST-ZIP	N. Ft. Myers FL 33917	
TITLE	DAST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cassidy, Mary	
STREET ADDRESS	204 Coach Lane	
CITY-ST-ZIP	N. Ft Myers FL 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stedcke, Clyde	
STREET ADDRESS	198 Santa Fe Trail	
CITY-ST-ZIP	N.Ft Myers FL 33917	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hackworth, Payne	
STREET ADDRESS	131 Conestoga Trail	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, Charles	
STREET ADDRESS	126 Conestoga Trail	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manuel A. Altquiro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

CR2E037 (9/99)