


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90049 044 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # 735108</b>   |         |  |         |
| 1. Entity Name<br><b>CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.</b>        |         |   |         |
| Principal Place of Business<br>5451 BAYSHORE ROAD<br>NORTH FORT MYERS FL 33917 |         | Mailing Address<br>5451 BAYSHORE ROAD<br>NORTH FORT MYERS FL 33917                |         |
| 2. Principal Place of Business - No P.O. Box #                                 |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
| 4. FEI Number<br><b>59-1916766</b>   |         | Applied For<br>Not Applicable   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                      |         | <b>\$8.75 Additional Fee Required</b>   |         |



1st MOORE CR2E037 (10/06)

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent                        |  |
| MAHER, ROBERT T ESQ<br>1601 JACKSON ST.<br>#201<br>FORT MYERS FL 33901 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing Trust: Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>WALTER, MARK<br>392 SANTE FE TRL<br>NORTH FORT MYERS FL 33917 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | DP<br>Wendall Hackworth<br>214 Captains Walk<br>North Fort Myers, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DVP<br>WAITE, DELORES<br>213 BRANDY WINE LN<br>N. FT. MYERS FL 33917 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Peter Wagner<br>175 Chisholm Trail<br>North Fort Myers, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DT<br>GOOSTREE, EVELYN<br>177 OVERLAND TRL<br>NORTH FORT MYERS FL 33917 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Trunck, Terry<br>205 Harvest Lane<br>North Fort Myers, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>TOTH, JOSEPH<br>204 VILLAGE LN<br>N FORT MYERS FL 33917 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | D<br>Borghese, Carol<br>250 Santa Fe Trail<br>North Fort Myers, FL 33917 <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>HERMAN, JAMES<br>215 HARVEST LN<br>N. FORT MYERS FL 33917 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DS<br>PENDELL, STEPHANIE<br>236 SANTE FE TRL<br>NORTH FORT MYERS FL 33917 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Wendall Hackworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #