

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735108

FILED
Apr 23, 2009
Secretary of State

Entity Name: CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5451 BAYSHORE ROAD
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

5451 BAYSHORE ROAD
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 59-1916766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHER, ROBERT T ESQ
1611 SANTA BARBARA BOULEVARD
C
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEROCK, MARIANNE
Address: 170 SANTA FE TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP () Delete
Name: HERMAN, JAMES
Address: 215 HARVEST LANE
City-St-Zip: N. FT. MYERS, FL 33917

Title: DT () Delete
Name: ADAMS, RICHARD
Address: 150 CHISHOLM TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: TRUCK, TERRY
Address: 205 HARVEST LANE
City-St-Zip: N FORT MYERS, FL 33917

Title: DS () Delete
Name: CURTIS, CHARLIE A
Address: 114 OVERLAND TRAIL
City-St-Zip: N. FORT MYERS, FL 33917

Title: D () Delete
Name: TOTH, JOSEPH
Address: 204 VILLAGE LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: FELTON, JOSEPH
Address: 207 CARRIAGE LANE
City-St-Zip: N. FT. MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STEINKE, DUANE
Address: 216 CAPTAIN'S WALK
City-St-Zip: N FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOSTER, SUSAN
Address: 171 OVERLAND TRAIL
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE DEROCK

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date