

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90192 032 ****61.25

DOCUMENT # 735108

1. Entity 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

30010413



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1916766**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
2375 TAMiami TRL NORTH
STE 308
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **Christopher J. Shields**
Street Address (P.O. Box Number is Not Acceptable)
1833 Hendry Street
Ft. Myers
City **FL** Zip Code **33901**

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

1/27/03

FILE NOW: FEE IS \$61.25

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 **DP** Delete
NAME **DEROCK, MARIANNE**
STREET ADDRESS **170 SANTA FE TRAIL**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **DT** Change Addition
NAME **Roig, Jean**
STREET ADDRESS **230 Santa Fe Trail**
CITY-ST-ZIP **N. Ft. Myers, FL 33917**

TITLE **DT** Delete
NAME **CASSIDY, MARY**
STREET ADDRESS **204 COACH LANE**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **VP** Change Addition
NAME **Fred Brown**
STREET ADDRESS **203 Brandywine Lane**
CITY-ST-ZIP **No. Ft. Myers, FL 33917**

TITLE **DS** Delete
NAME **ABBOTT, LARRY**
STREET ADDRESS **202 COACH LANE**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **Duntley** Change Addition
NAME **Huntley, Joyce**
STREET ADDRESS **210 Shenandoah Lane**
CITY-ST-ZIP **No. Ft. Myers, FL 33917**

TITLE **DS** Delete
NAME **CHILDERS, RAY**
STREET ADDRESS **244 SANTA FE TRL**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HOUSE, GLENN**
STREET ADDRESS **374 SANTA FE TRL**
CITY-ST-ZIP **N FORT MYERS FL-33917**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-22-03

543-2771

CR2E037 (10/02)