

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001628

FILED
Feb 03, 2005
Secretary of State

Entity Name: CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% 1012 HANDSOME CAB LN #105
MELBOURNE, FL 32940 US

New Principal Place of Business:

6767 N. WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US

Current Mailing Address:

% 1012 HANDSOME CAB LN #105
MELBOURNE, FL 32940 US

New Mailing Address:

P. O. BOX 410759
MELBOURNE, FL 32941 US

FEI Number: 59-3701377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADVANCED PROPERTY MANAGEMENT
6767 N. WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32941 US

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: VICKIE HAHN MARTIN

02/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUMPHREY, ROBIN
Address: 1012 HANDSOME CAB LN #105
City-St-Zip: MELBOURNE, FL 32940

Title: VPD () Delete
Name: SLYKE, DAN
Address: 1812 HANDSOME CAB LN #203
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: HILGENFELDT, CHARLES
Address: 600 TROTTER LN #104
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Delete
Name: SEGRE-LEWIS, CHRISTY
Address: 812 HANDSOME CAB LN #201
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: OTT, PRISCILLA
Address: 401 TROTTER LN #101
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: VAN SLYKE, DAN
Address: 1812 HANDSOME CAB LN #203
City-St-Zip: MELBOURNE, FL 32940

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN HUMPHREY

PD

02/03/2005

Electronic Signature of Signing Officer or Director

Date