

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

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90024 008 ****61.25



DOCUMENT # N01000001628

1. Entity Name

CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6767 N. WICKHAM ROAD
 SUITE 213
 MELBOURNE FL 32940
 US

Mailing Address

% FRANCIS STEWART
 6939 N. WICKHAM RD.
 MELBOURNE FL 32940
 US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3701377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADVANCED PROPERTY MANAGEMENT
 1978 ROCKLEDGE BLVD.
 SUITE 105
 ROCKLEDGE FL 32955

Name **FRANCIS STEWART, CPA**

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

6939 N. WICKHAM Rd

City **MELBOURNE**

FL

Zip Code **32940**

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

2/22/07

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
S	BLAIR, CONROY	812 HANDSOME CAB LANE	MELBOURNE FL 32940	<input type="checkbox"/>
VPD	GRIFFIS, DAVE	400 TROTTER LN #202	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
SD	MCMANUS, JANEY	700 TROTTER LN #104	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
TD	KREMER-WOLFE, CHRIS	408 HARVEY RD	HERSHEY PA 17033	<input type="checkbox"/>
D	DABROWSKI, ANN	501 TROTTER LANE #205	MELBOURNE FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S	BRUDER, NANCY	912 HANDSOME CAB LN. #104	Melbourne, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PRICE, BOB	501 TROTTER LN #101	Melbourne, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 JAN 2007 954-732-6845

Date

Telephone #