


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 009 ****61.25

DOCUMENT # N03000008617			
1. Entity Name THE CARRIAGE HOMES AT CARILLON LAKES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 146 HORIZON COURT LAKELAND, FL 33813		Mailing Address 146 HORIZON COURT LAKELAND, FL 33813	
2. Principal Place of Business - No P.O. Box # 5600 U.S. Hwy 98N		3. Mailing Address PO Box 92108	
Suite, Apt. #, etc. SUITE # 1		Suite, Apt. #, etc.	
City & State LAKELAND, FL		City & State LAKELAND FL	
Zip 33809		Country US	
Country US		Zip 33804	
Country US		Country US	
6. Name and Address of Current Registered Agent ERICKSON, ARTHUR H 146 HORIZON COURT LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name W.M. R. HARKINS, EA Street Address (P.O. Box Number is Not Acceptable) 5600 US Hwy 98 N SUITE # 1 City LAKELAND FL Zip Code 33809	
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: <i>W.M. R. Harkins, EA</i> W.M. R. HARKINS, EA 4/17/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELEAZER, THOMAS H 146 HORIZON COURT LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBERG, CHERIE 5600 US HWY 98 N. STE 1 LAKELAND FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALZMAN, ROBERT J 146 HORIZON COURT LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUCE, RUSSEL D 5600 US HWY 98N. STE 1 LAKELAND FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERICKSON, ARTHUR H 146 HORIZON COURT LAKELAND, FL 33813 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORSE, MICHAEL R 5600 US HWY 98 N. STE 1 LAKELAND FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Chapter 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: <i>[Signature]</i>		Date: 4/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	