

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90226 017 ****61.25

DOCUMENT # N05000001082

1. Entity Name
CARRIAGE POINTE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**600 NORTH WESTSHORE BLVD.
SUITE 400
TAMPA, FL 33609**

Mailing Address
**600 NORTH WESTSHORE BLVD.
SUITE 400
TAMPA, FL 33609**

50003109



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03132006

Chg-NP

CR2E037 (11/05)

4. FEI Number

☒ 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

**O'RYAN, CHRISTIAN F
2701 NORTH ROCKY POINT DRIVE
SUITE 930
TAMPA, FL 33607**

Name

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

City

FL

Zip Code

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

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, 2006**

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 PD ☐ Delete
NAME CACHON, MICHAEL
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
NAME *Michael Cachon*
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KOUWENHOVEN, BILL
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME EICHHOLT, DUSTY
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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:

Michael Cachon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

Date

Daytime Phone #

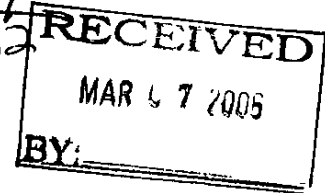


ATTACHMENT

50003109

#N05000001082

FLORIDA DEPARTMENT OF STATE
Division of Corporations



February 22, 2006

LENNAR HOMES
NORTH FLORIDA LAND DIVISION
600 NORTH WESTSHORE BLVD., SUITE 400
TAMPA, FL 33609

Subject: **LENNAR HOMES**

Reference Number: 000000091044

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LM

ANNUAL REPORTS SECTION

N05000001082 43-2082962