2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-11-2006 90235 050 ****61.25
N05000001082

FILED
06 MAY 31 PM 3:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N05000001082

1. Entity Name

CARRIAGE POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA FL 33609	600 NORTH WESTSHORE BLVD. SUITE 400 TAMPA FL 33609

2. Principal Place of Business	3. Mailing Address
2870 SCHERER DR. N	2870 SCHERER DR. N
Suite, Apt. #, etc.: SUITE 100	Suite, Apt. #, etc.: SUITE 100
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33716 Country:	Zip: 33716 Country:

1st MOORE CR2E037 (10/05)

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: Ronald E Cottekill Esquire Street Address (P.O. Box Number is Not Acceptable): 1010 N Florida City: Tampa FL Zip Code: 33602

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] 4-10-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CACHON, MICHAEL 600 N. WESTSHORE BLVD., STE 400 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOOTMAN, JOSEPH 600 N. WEST SHORE BLVD., STE 400 TAMPA, FL. 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KOUWENHOVEN, BILL 600 N. WESTSHORE BLVD., STE 400 TAMPA FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5/31	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EICHHOLT, DUSTY 600 N. WESTSHORE BLVD., STE 400 TAMPA FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] MICHAEL CACHON 4/26/06 813-901-5863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #