

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-19-2007 90057 008 ****61.25

DOCUMENT # N06000002341 1. Entity Name CARRIAGE POINTE NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 61 W. COLONIAL DR. ORLANDO, FL 32801		Mailing Address 61 W. COLONIAL DR. ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. Community Management Professionals 5401 South Kirkman # 450		3. Mailing Address Suite, Apt. #, etc. Community Management Professionals 5401 South Kirkman # 450	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819 Country		Zip Country	
6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 61 W. COLONIAL DR. ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Community Management Professionals, Inc Street Address (P.O. Box Number is Not Acceptable) 5401 South Kirkman # 450 City Orlando FL Zip Code 32819	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
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	D SHOEMAKER, JOHN B 61 W. COLONIAL DR. ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ODED 61 W. COLONIAL DR. ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANIEL, SYLVIA 61 W. COLONIAL DR. ORLANDO, FL 32801	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
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: _____ <small>(Signature and typed or printed name of signing officer or director)</small>		Date 11/30/07 (407)294-7931	