

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000002341 1. Entity Name CARRIAGE POINTE NEIGHBORHOOD ASSOCIATION, INC.																																																																																																																	
Principal Place of Business COMMUNITY MGT PROFESSIONALS 5401 S KIRKMAN #450 ORLANDO, FL 32819			Mailing Address COMMUNITY MGT PROFESSIONALS 5401 S KIRKMAN #450 ORLANDO, FL 32819																																																																																																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State		4. FEI Number 20-0645877																																																																																																													
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																													
SHOEMAKER, JOHN B COMMUNITY MGT PROFESSIONALS, INC 5401 S KIRKMAN #450 ORLANDO, FL 32819				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SHOEMAKER, JOHN B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>61 W. COLONIAL DR.</td> <td></td> </tr> <tr> <td></td> <td>ORLANDO, FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>COHEN, ODED</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>61 W. COLONIAL DR.</td> <td></td> </tr> <tr> <td></td> <td>ORLANDO, FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>FANIEL, SYLVIA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>61 W. COLONIAL DR.</td> <td></td> </tr> <tr> <td></td> <td>ORLANDO, FL 32801</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000861398</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>04/03/08-80007-022 61.25</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SHOEMAKER, JOHN B		CITY-ST-ZIP	61 W. COLONIAL DR.			ORLANDO, FL 32801		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	COHEN, ODED		CITY-ST-ZIP	61 W. COLONIAL DR.			ORLANDO, FL 32801		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	FANIEL, SYLVIA		CITY-ST-ZIP	61 W. COLONIAL DR.			ORLANDO, FL 32801		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	U00000861398		CITY-ST-ZIP	04/03/08-80007-022 61.25		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>John B. Shoemaker</u> <u>2/29/08 407-294-7931</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>																																																																																																																	