

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N31252** (2)
1. Corporation Name
CARRIAGE GATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2263 W NEW HAVEN AVE STE 313 W MELBOURNE FL 32904 US		Mailing Address 2263 W NEW HAVEN AVENUE STE 313 WEST MELBOURNE FL 32904 US		3. Date Incorporated or Qualified 03/17/1989	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2997677	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHAEFER, ANDREW T 3874 PEACOCK DR MELBOURNE FL 32904				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name LARochelle, Raymond 82 Street Address (P.O. Box Number is Not Acceptable) 3880 Peacock Drive 83 84 City Melbourne FL 85 Zip Code 32904	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept no obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Raymond LaRochelle* DATE **2-1-98**
(NOTE: Registered Agent signature required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MARSALA, BOB 3910 PEACOCK DR. MELBOURNE FL	1.1 TITLE	VPD PALETA, SHERRY
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4099 SNOWY EGRET DR.
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	PD SCHAEFER, ANDREW 3874 PEACOCK DR. MELBOURNE FL	2.1 TITLE	VPD
NAME		2.2 NAME	Reinhold, John
STREET ADDRESS		2.3 STREET ADDRESS	4047 SNOWY EGRET DRIVE
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	VPD ROWAN, STEWART 3705 PEACOCK DR MELBOURNE FL	3.1 TITLE	SD
NAME		3.2 NAME	Duncan, Leonard E.
STREET ADDRESS		3.3 STREET ADDRESS	3972 SNOWY EGRET DR
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	SD TRAYNHAM, PAUL 3857 PEACOCK DR MELBOURNE FL	4.1 TITLE	VPD
NAME		4.2 NAME	Shaklee, Ward
STREET ADDRESS		4.3 STREET ADDRESS	3785 PEACOCK DR
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE	TD LAROCHELLE, RAY 3880 PEACOCK DR MELBOURNE FL	5.1 TITLE	PD
NAME		5.2 NAME	LARochelle, Raymond
STREET ADDRESS		5.3 STREET ADDRESS	3880 PEACOCK DR
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	MELBOURNE FL 32904
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond LaRochelle* DATE: **2-1-98** PHONE: **407-984-1052**

CR2E037 (10/97)