

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90065 006 ****70.00

DOCUMENT # N36630

1. Entity Name

CARRIAGE CROSSING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1732 KINGLSEY AVENUE
 202
 ORANGE PARK FL 32073
 US**

**1732 KINGLSEY AVENUE
 STE 202
 ORANGE PAK FL 32703
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2999021

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

**PERRY, ALAN
 1732 KINGSLEY AVE
 STE 202
 ORANGE PARK FL 32073**

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.

SIGNATURE

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, JASON	
STREET ADDRESS	12311 STOCK BRIDGE CT S	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LILLIS, CHRISTOPHER K	
STREET ADDRESS	4406 CARRIAGE CROSSING DR	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DODGE, WILLIAM	
STREET ADDRESS	4391 BATTLECREEK CT. W.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERTGUS, DEBORAH	
STREET ADDRESS	4470 CARRIAGE CROSSING DR	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	VETTER, PHILLIP	
STREET ADDRESS	4405 CARRIAGE CROSSING BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corey Bass	
STREET ADDRESS	4461 Carriage Crossing Dr	
CITY-ST-ZIP	Jacksonville, FL. 32258	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jill Tefts	
STREET ADDRESS	4353 Carriage Crossing Dr	
CITY-ST-ZIP	Jacksonville, FL. 32258	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Edwards	
STREET ADDRESS	4409 Lacewing Ct	
CITY-ST-ZIP	Jacksonville, FL. 32258	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Corey Robbins	
STREET ADDRESS	4421 Carriage Crossing Dr	
CITY-ST-ZIP	Jacksonville, FL. 32258	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa Cline	
STREET ADDRESS	4352 Battlecreek Ct. West	
CITY-ST-ZIP	Jacksonville, FL. 32258	

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02 278-9999

Date

Daytime Phone #

CR2E037 (9/01)