

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90173 035 \*\*\*\*61.25

<b>DOCUMENT # N36630</b> 1. Entity Name <b>CARRIAGE CROSSING ASSOCIATION, INC.</b>					
Principal Place of Business <b>4759 LEOPARD CIRCLE</b> <b>MIDDLEBURG, FL 32068</b> <b>US</b>			Mailing Address <b>P.O. BOX 949</b> <b>MIDDLEBURG, FL 32050</b> <b>US</b>		
2. Principal Place of Business <b>4213 County Rd 218</b> Suite, Apt. #, etc. <b>Suite 1</b>		3. Mailing Address  Suite, Apt. #, etc. 			
City & State <b>Middleburg, Fl.</b>		City & State 		4. FEI Number <b>59-2999021</b>	
Zip <b>32068</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DELCOMYN, VINA</b> <b>4759 LEOPARD CIRCLE</b> <b>MIDDLEBURG, FL 32068</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <i>Vina C. Delcomyn</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>VINA DELCOMYN</b>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>2/28/05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DODGE, WILLIAM</b> <b>43291 BATTLECREEK CT. N.</b> <b>JACKSONVILLE, FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Lardizabel, Kimberly</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4414 Carriage Crossing Dr.</b> <b>Jacksonville, Fl. 32255</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ODENWALD, KAY</b> <b>4460 BATTLECREEK COURT E</b> <b>JACKSONVILLE, FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Whitley Steven</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4439 Battle Creek Court E</b> <b>Jacksonville, Fl. 32258</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>ROBBINS, COREY</b> <b>4421 CARRIAGE CROSSING DR.</b> <b>JACKSONVILLE, FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ANDRIESSE, GARRY</b> <b>4455 BATTLECREEK COURT E</b> <b>JACKSONVILLE, FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>COTTO, GEORGE</b> <b>4410 LACEWING COURT</b> <b>JACKSONVILLE, FL 32258</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>THERESA CLINE</b> <b>4352 BATTLECREEK CT WEST</b> <b>JACKSONVILLE, FL 32258</b>	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 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.					
<b>SIGNATURE:</b> <i>William F. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/26/05</b> <b>904-292-2455</b> <small>Date    Daytime Phone #</small>			