2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N36630 1. Entity Name CARRIAGE CROSSING ASSOCIATION, INC.							05 90173 035 ,		
Principal Place of Business 4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068 US MIDDLEBURG, FL 32050 US					1 		-	1 4 6 6 8 1	ii 11 11 11 11 11 11 11 1
2. Principal Place of Business 42/3 County Rd 218			 .						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122005	Chg-NP	CR2E037 (1	0/03)	
City & State Middleburg, Fl.		City & State			4. FEI Number 59-2999			Not	plied For t Applicable
3206	8 US	Zip	Country		5. Certificate o		Fee	75 Addi Required	
	6Name and Address of Current F	Registered Agent-	Name		7. Name and A	ddress of Ne	w Registered Agen	ıt	
DELCOMYN, VINA 4759 LEOPARD CIRCLE			Name Street A	Address (P.O. Box Number	is Not Accepta	able)		
I .	URG, FL 32068								
			City				FL	Zip Code)
	named entity submits this statement for	the purpose of changing its re	egistered office of	r register	ed agent, or both	, in the State of	Florida. I am famil	iar with, a	and accept
the obligat	lions of registered agent.						i		
SIGNATURE SIGNATURE VINA DELCOMYN 2/38/05 SIGNATURE Signature, typed or printed name of registered agent at publicable. (NOTE: Registered Agent signature required when reinstating) DATE									
1	Signature, typed or printed name of registered agent a	th side if applicable. (NOTE: F	Registered Agent signa	prue Ledminec	when reinstating)		DATE		
	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be		Make check pay		
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing intribution.		\$5.00 May Be Added to Fees	F	Make check par lorida Departme	nt of Sta	ate ·
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFF	Make check pay florida Department ICERS AND DIRECT	ORS IN	10
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I hereby certify that the information supplied with this filling 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 arraddress, with all other like empowered.

GNATURE:

| Comparison 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 arraddress, with all other like empowered.

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