

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90029 046 ****61.25

DOCUMENT # N36630

1. Entity Name
CARRIAGE CROSSING ASSOCIATION, INC.



Principal Place of Business
**767 BLANDING BLVD
STE 112
ORANGE PARK, FL 32065 US**

Mailing Address
**767 BLANDING BLVD
STE 112
ORANGE PARK, FL 32065 US**

40010410



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01232008 Chg-NP CR2E037 (12/06)

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

**JACKSON, CHRISTEPHER M
767 BLANDING BLVD
STE 112
ORANGE PARK, FL 32065**

Name **CHRISTOPHER M. JACKSON**

Street Address (P.O. Box Number is Not Acceptable)

BYERS PROPERTIES, INC.

767 BLANDING BLVD. STE 112

City **ORANGE PARK, FL**

FL

Zip Code **32065**

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

Chris M. Jackson, CAM

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/8

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOELLER, KIM 4321 CARRIAGE CROSSING DRIVE JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODENWALD, KAY 4460 BATTLECREEK COURT E JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARDIZABEL, KIMBERLY 4414 CARRIAGE CROSSING DR. JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMIS, FRED 4375 BATTLECREEK CT. WEST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, MICHAEL 4448 BATTLECREEK CT. E JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THERESA, CLINE 4352 BATTLECREEK CT WEST JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM TOELLER 4321 CARRIAGE CROSSING DR JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIMBERLY LARDIZABEL 4414 CARRIAGE CROSSING DR. JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIS HALE 4377 CARRIAGE CROSSING DR. JACKSONVILLE, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRED AMIS 4375 BATTLECREEK CT. W JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THERESA CLINE 4352 BATTLECREEK CT. W. JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Chris M. Jackson CHRISTOPHER M. JACKSON, CAM 1/23/8 904 276-0412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #