
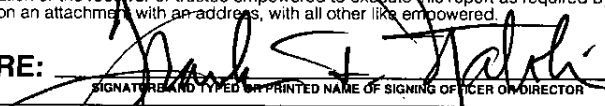


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90069 050 ****61.25

DOCUMENT # N33307 1. Entity Name THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5005 COLLINS AVENUE MIAMI BEACH, FL 33140			Mailing Address 5005 COLLINS AVENUE MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0128840	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROGEL, DAVID C/O BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI, FL 33126			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIAZ, HUGO 5005 COLLINS AVE 806 MIAMI BEACH, FL 33140	Delete <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, MIRTHA 5005 COLLINS AVE., #1017 MIAMI BEACH, FL 33140	Delete <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, BRIDGET 5005 COLLINS AVE. 317 MIAMI BEACH, FL 33140	Delete <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUERRA, ELISEO 5005 COLLINS AVENUE #1005 MIAMI BEACH, FL 33140	Delete <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATOLI, FRANK 5005 COLLINS AVE, #608 MIAMI BEACH, FL 33140	Delete <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TONY FERNANDEZ 5005 COLLINS AVE #1507 MIAMI BEACH, FL. 33140	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK NATOLI 5005 COLLINS AVE #608 MIAMI BEACH, FL. 33140	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIDGET GARCIA 5005 COLLINS AVE MIAMI BEACH, FL 33140	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAUL PERLICZ 5005 COLLINS AVE #808 MIAMI BEACH, FL. 33140	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVONNE DOMINGUEZ 5005 COLLINS AVE #1510 MIAMI BEACH, FL. 33140	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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:  3/25/04 (305) 866-6156 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					