

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001628

FILED
Apr 18, 2004
Secretary of State**Entity Name:** CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2180 W SR 434 STE 5000
LONGWOOD, FL 32779**New Principal Place of Business:**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US**Current Mailing Address:**2180 W SR 434 STE 5000
LONGWOOD, FL 32779**New Mailing Address:**2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US**FEI Number:** 59-3701377**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES
2180 W SR 434 STE 5000
LONGWOOD, FL 32779**Name and Address of New Registered Agent:**HART, JAMES W JR
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PUROGEL, DOUG
Address: 555 WINDERLEY PL STE 420
City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete
Name: DUNCAN, JUDITH
Address: 555 WINDERLEY PL STE 420
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: HILGENFELDT, CHARLES
Address: 600 TROTTER LN #104
City-St-Zip: MELBOURNE, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HUMPHREY, ROBIN
Address: 1012 HANDSOME CAB LN #105
City-St-Zip: MELBOURNE, FL 32940

Title: VPD (X) Change () Addition
Name: SLYKE, DAN
Address: 1812 HANDSOME CAB LN #203
City-St-Zip: MELBOURNE, FL 32940

Title: SD (X) Change () Addition
Name: HILGENFELDT, CHARLES
Address: 600 TROTTER LN #104
City-St-Zip: MELBOURNE, FL 32940

Title: TD () Change (X) Addition
Name: SEGRE-LEWIS, CHRISTY
Address: 812 HANDSOME CAB LN #201
City-St-Zip: MELBOURNE, FL 32940

Title: D () Change (X) Addition
Name: OTT, PRISCILLA
Address: 401 TROTTER LN #101
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN HUMPHREY

PD

04/18/2004

Electronic Signature of Signing Officer or Director

Date