

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90241 005 ***61.25

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1. Entity Name
CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6767 N. WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32940 US**

Mailing Address
**P. O. BOX 410759
MELBOURNE, FL 32941 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3701377

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

**ADVANCED PROPERTY MANAGEMENT
6767 N. WICKHAM ROAD
SUITE 213
MELBOURNE, FL 32941**

Name
Street: **Advanced Property Mgmt, Inc.**
Suite 106
1978 Rockledge Blvd
City: **Rockledge, FL 32955**

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 *Kathleen N. White* *KATHLEEN N. WHITE, CAM* *3.13.06*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HUMPHREY, ROBIN
1012 HANDSOME CAB LN #105
MELBOURNE, FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
DAVE GRIFFIS
400 TROTTER LANE #202
MELBOURNE, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
VAN SLYKE, DAN
1812 HANDSOME CAB LN #203
MELBOURNE, FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLAIR CONROY
812 HANDSOME CAB LANE #202
MELBOURNE, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HILGENFELDT, CHARLES
600 TROTTER LN #104
MELBOURNE, FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHRIS KREMER-WOLFE
408 HARVEY RD
HERSHEY, PA 17033 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SEGRE-LEWIS, CHRISTY
812 HANDSOME CAB LN #201
MELBOURNE, FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NANCY McMANUS
400 TROTTER LANE #104
MELBOURNE, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OTT, PRISCILLA
401 TROTTER LN #101
MELBOURNE, FL 32940 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANN DABROWSKI
501 TROTTER LANE #205
MELBOURNE, FL 32940 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/06