


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000008516

1. Entity Name
CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PH 1:44

Principal Place of Business
1013 NORTH STATE ROAD 7
ROYAL PALM BEACH, FL 33411

Mailing Address
1013 NORTH STATE ROAD 7
ROYAL PALM BEACH, FL 33411

2. Principal Place of Business
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463

3. Mailing Address
G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD. SUITE 309
LAKE WORTH, FL 33463



07242006 Chg-NP CR2E037 (4/06)

Zip Country Zip Country

4. FEI Number
20-3341821

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.
200 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Scott J. Levine, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Brough, Chadrow, Levine P.A.
1900 N. Commerce Phwy
City Weston FL Zip Code 33326

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 Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A. 8/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 PD	<input checked="" type="checkbox"/> Delete
NAME DREWS, ROBERT W	
STREET ADDRESS 1013 NORTH STATE ROAD 7	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME GOSSELIN, ANETTE	
STREET ADDRESS 1013 NORTH STATE ROAD 7	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME INDIVIGLIO, MARIO	
STREET ADDRESS 1013 NORTH STATE ROAD 7	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Resende, Fabricia	
STREET ADDRESS 19 Nottingham Place	
CITY-ST-ZIP Boynton Bch, FL 33426	
TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thompson, Hugh	
STREET ADDRESS 117 Lancaster Rd	
CITY-ST-ZIP Boynton Bch, FL 33426	
TITLE VP2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Schilling, Rebecca	
STREET ADDRESS 28 Beechdale Ln	
CITY-ST-ZIP Boynton Bch, FL 33426	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lee, Darrel	
STREET ADDRESS 115 Lancaster Rd	
CITY-ST-ZIP Boynton Bch, FL 33426	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Edwards, Tom	
STREET ADDRESS 28 Lancaster Rd	
CITY-ST-ZIP Boynton Bch, FL 33426	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #: _____