

# 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 PM 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

3. Mailing Address

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

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3900 WOODLAKE BLVD. SUITE 309  
LAKE WORTH, FL 33463

07242006 Chg-NP CR2E037 (4/06)

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 ☒ Delete  
NAME DREWS, ROBERT W  
STREET ADDRESS 1013 NORTH STATE ROAD 7  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE VD ☒ Delete  
NAME GOSSELIN, ANETTE  
STREET ADDRESS 1013 NORTH STATE ROAD 7  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE STD ☒ Delete  
NAME INDIVIGLIO, MARIO  
STREET ADDRESS 1013 NORTH STATE ROAD 7  
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Resende, Fabricia  
STREET ADDRESS 19 Nottingham Place  
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE VPD ☐ Change ☒ Addition  
NAME Thompson, Hugh  
STREET ADDRESS 117 Lancaster Rd  
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE VPJ ☐ Change ☒ Addition  
NAME Schilling, Rebecca  
STREET ADDRESS 28 Beechdale Ln  
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE SD ☐ Change ☒ Addition  
NAME Lee, Darrel  
STREET ADDRESS 115 Lancaster Rd  
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE TD ☐ Change ☒ Addition  
NAME Edwards, Tom  
STREET ADDRESS 38 Lancaster Rd  
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE ☐ Change ☐ Addition  
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 #

400079281424  
08/30/06--01052--008 \*\*61.25