


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90028 047 ****61.25

DOCUMENT # N05000008516		
1. Entity Name CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business ATTN: GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33334	Mailing Address ATTN: GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD, STE 309 LAKE WORTH, FL 33334
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-3341821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEVINE, SCOTT J ESQ 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326	

7. Name and Address of New Registered Agent	
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 _____
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESENDE, FABRICIA 19 NOTTINGHAM PLACE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD THOMPSON, HUGH 117 LACASTER ROAD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP2 SCHILLING, REBECCA 28 BEECHDALE LANE BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEE, DARREL 115 LANCASTER ROAD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, TOM 38 LANCASTER ROAD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

40051628



Attachment

40051628

ANNUAL REPORT INFORMATION SHEET - PLEASE PRINT CLEARLY

Association

Carriage Point

Manager:

Jim Pitt

NEW DIRECTORS The following directors are to be **ADDED** (Cannot Exceed Six):

#N05000008516

- 1) Fabricia Resende Title: Pres
- 2) Rebecca Schilling Title: VP
- 3) Darryl Lee Title: Sec
- 4) Tom Edwards Title: Treasurer
- 5) ~~Hugh A Thompson~~ Title: ~~non Resident Board Member~~
- 6) _____ Title: _____

CURRENT DIRECTORS The following directors **TITLES** are to be **CHANGED TO THE FOLLOWING**:

- 1) ~~Don Blakely~~ New Title: Board member
- 2) _____ New Title: _____
- 3) _____ New Title: _____
- 4) _____ New Title: _____
- 5) _____ New Title: _____
- 6) _____ New Title: _____

The following directors are to be **DELETED** from the Annual Report (If all you may write "all"):

- 1) Hugh A Thompson
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Would the Board of Directors prefer to continue to list:

____ Home Addresses

____ c/o GRS Management (Will change for all members)

We are providing this option due to several requests to change addresses that are listed on the Annual Reports. If you do not wish to change please check Home Addresses.

Board Member Signature

Print Name

Date

BOARD MEMBER MUST ALSO SIGN THE BOTTOM OF THE ANNUAL REPORT WHERE HIGHLIGHTED AND THE CHECK