

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 22, 2007  
Secretary of State**

DOCUMENT# N05000008516

Entity Name: CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**A & N MANAGEMENT  
902 CLINT MOORE ROAD, STE 110  
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**A & N MANAGEMENT  
902 CLINT MOORE ROAD, STE 110  
BOCA RATON, FL 33487**New Mailing Address:**

FEI Number: 20-3341821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LEVINE, SCOTT J ESQ  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: LEVY, ELLEN  
Address: 11 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426Title: VP ( ) Delete  
Name: CHICHETTI, JAMES  
Address: 93 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426Title: 2VP ( ) Delete  
Name: MICOCCI, MARCO  
Address: 83 NOTTINGHAM PLACE  
City-St-Zip: BOYNTON BEACH, FL 33426Title: TD ( ) Delete  
Name: AMBROSE, THOMAS  
Address: 10 HUDSON AVENUE  
City-St-Zip: OCEAN RIDGE, FL 33435Title: SC ( ) Delete  
Name: RUSSELL, MARGARET  
Address: 44 LANCASTER ROAD  
City-St-Zip: BOYNTON BEACH, FL 33426**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: TD (X) Change ( ) Addition  
Name: EDWARDS, THOMAS  
Address: 38 LANCASTER ROAD  
City-St-Zip: BOYNTON BEACH, FL 33426Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELLEN LEVY

PD

08/22/2007

Electronic Signature of Signing Officer or Director

Date