

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 020 ****61.25

DOCUMENT # N06000001867

1. Entity Name
**CARRIAGE HOMES AT DUNWOODY COMMONS
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**107 N LINE DR
APOPKA, FL 32703 US**

Mailing Address
**107 N LINE DR
APOPKA, FL 32703 US**

40032756



Principal Place of Business - No P.O. Box #

Greystone Mgmt

3. Mailing Address

Greystone Mgmt

Suite, Apt. #, etc.

1936 Lee Road, Ste 250

Suite, Apt. #, etc.

1936 Lee Road, Ste 250

City & State

Winter Park, FL

City & State

Winter Park, FL 32789

01242008

Chg-NP

CR2E037 (12/06)

4. FEI Number
16-1754088

Applied For
Not Applicable

Zip
32789

Country
U-S-A

Zip
32789

Country
U-S-A

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

Name **Janice C. Armstrong**

Street Address (P.O. Box Number is Not Acceptable)

Greystone Management Co.

1936 Lee Road, Suite 250

City **Winter Park**

FL Zip Code **32789**

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, 2008**

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 **PD** ☐ Delete
NAME **THOMSON, MARK D**
STREET ADDRESS **4901 VINELAND ROAD - STE 500**
CITY-STATE-ZIP **ORLANDO, FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VPD** ☐ Delete
NAME **COVELL, RICHARD**
STREET ADDRESS **4901 VINELAND ROAD - STE 500**
CITY-STATE-ZIP **ORLANDO, FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **STD** ☐ Delete
NAME **CABERA, DIANA**
STREET ADDRESS **4901 VINELAND ROAD - STE 500**
CITY-STATE-ZIP **ORLANDO, FL 32811**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-STATE-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:

Mark Thomson

JAN 28 2008

467-447-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK D. THOMSON