


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90070 005 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008516			
1. Entity Name CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business A & N MANAGEMENT 902 CLINT MOORE ROAD, STE 110 BOCA RATON, FL 33487		Mailing Address A & N MANAGEMENT 902 CLINT MOORE ROAD, STE 110 BOCA RATON, FL 33487	
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
		04152008 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-3341821		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVINE, SCOTT J ESQ 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326		Name Schned, Larry, P.A.	
		Street Address (P.O. Box Number is Not Acceptable) 750 South Dixie Hwy.	
		City BOCA RATON FL FL 33432	
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 _____ (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. <input type="checkbox"/> \$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ELLEN	NAME	
STREET ADDRESS	11 NOTTINGHAM PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICHETTI, JAMES	NAME	
STREET ADDRESS	93 NOTTINGHAM PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	1st VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICOCCHI, MARCO	NAME	
STREET ADDRESS	83 NOTTINGHAM PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	Assoc. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, THOMAS	NAME	Brummer, Richard.
STREET ADDRESS	38 LANCASTER ROAD	STREET ADDRESS	44 Lancaster Rd.
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	Boynton Bch FL, 33426
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, MARGARET	NAME	
STREET ADDRESS	44 LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete	TITLE	Assoc VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Thomas, Phillip.
STREET ADDRESS		STREET ADDRESS	56 Nottingham Place.
CITY-ST-ZIP		CITY-ST-ZIP	Boynton Beach FL, 33426
	<input type="checkbox"/> Delete	TITLE	<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: <u>James R. Chichetti, Pres.</u>		SIGNATURE: <u>JAMES R. CHICHETTI, PRES</u> (561) 573-2050	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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