

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 02, 2009
Secretary of State**

DOCUMENT# N05000008516

Entity Name: CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487**New Mailing Address:**

FEI Number: 20-3341821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:LEVINE, SCOTT J ESQ
1900 N. COMMERCE PARKWAY
WESTON, FL 33326 US**Name and Address of New Registered Agent:**SCHNER, LARRY J ESQ
750 DIXIE HIGHWAY
BOCA RATON, FL 33432 US

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: LARRY SCHNER

07/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: CHICHETTI, JAMES
Address: 93 NOTTINGHAM PLACE
City-St-Zip: BOYNTON BEACH, FL 33426Title: VP () Delete
Name: MICOCCI, MARCO
Address: 83 NOTTINGHAM PLACE
City-St-Zip: BOYNTON BEACH, FL 33426Title: TD () Delete
Name: EDWARDS, THOMAS
Address: 38 LANCASTER ROAD
City-St-Zip: BOYNTON BEACH, FL 33426Title: SD () Delete
Name: THOMAS, PHILLIP
Address: 156 NOTTINGHAM PLACE
City-St-Zip: BOYNTON BEACH, FL 33426Title: () Delete
Name:
Address:
City-St-Zip:**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: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: SOCHACKI, SHARON
Address: 52 LANCASTER ROAD
City-St-Zip: BOYNTON BEACH, FL 33426

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: JAMES CHICHETTI

PRES

07/02/2009

Electronic Signature of Signing Officer or Director

Date