

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 26, 2011
Secretary of State

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Entity Name: CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487

Current Mailing Address:

New Mailing Address:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487

FEI Number: 20-3341821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CHICHETTI, JAMES
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

Title: 1-VP
Name: MICOCCI, MARCO
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

Title: 2-VP
Name: THOMAS, PHILLIP A
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

Title: TRES
Name: EDWARDS, THOMAS
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

Title: D/S
Name: WEBER, DAVE
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: JAME CHICHETTI

PRES

08/26/2011

Electronic Signature of Signing Officer or Director

Date