

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735108

**Entity Name:** CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC0240828157**

**Current Principal Place of Business:**

5451 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

5451 BAYSHORE ROAD  
NORTH FORT MYERS, FL 33917

**FEI Number: 59-1916766**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
12140 CARISSA COMMERCE CT #200  
FT MYERS, FL 33966 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

**Officer/Director Detail :**

Title DP, PRESIDENT  
Name RAYMOND, HARVEY  
Address 216 SANTA FE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DVP, ROADS  
Name MILLER, PETER  
Address 222 CAPTAINS WALK  
City-State-Zip: N. FT. MYERS FL 33917

Title DT  
Name COX, CLARK  
Address 206 COBBLESTONE LANE  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DS  
Name VERMEERSCH, JUNE  
Address 151 CHISHOLM TR  
City-State-Zip: N FORT MYERS FL 33917

Title D  
Name MASSIER, PAT  
Address 120 OVERLAND TR  
City-State-Zip: N. FORT MYERS FL 33917

Title D, DIRECTOR  
Name GRIMM, JERI  
Address 109 OVERLAND TRAIL  
City-State-Zip: NORTH FORT MYERS FL 33917

Title DIRECTOR  
Name FELTON, JOE  
Address 204 BRANDYWINE  
City-State-Zip: N. FT. MYERS FL 33917

Title DIRECTOR  
Name CHILDERS, DANNY  
Address 218 SANTA FE  
City-State-Zip: N. FT. MYERS FL 33917

**Continues on page 2**

*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: SUSAN L. CASTOR**

**OFFICE MGR.**

**01/05/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SILVA, ED  
Address        208 SHENANDOAH  
City-State-Zip: NORTH FORT MYERS FL 33917