

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735108

Entity Name: CARRIAGE VILLAGE LANDOWNERS' ASSOCIATION, INC.

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 BROWN, LARRY
Address 117 CONESTOGA TRAIL
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 ROBINSON, CAROL
Address 160 OVERLAND TRAIL
City-State-Zip: N FORT MYERS FL 33917

Title D
Name SCHWARTZ, DUANE
Address 155 CHISHOLM TRAIL
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

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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 MANAGER

01/10/2017

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