

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001628

**Entity Name:** CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

137 S. COURTENAY PKWY  
#683  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

137 S. COURTENAY PKWY  
#683  
MERRITT ISLAND, FL 32952 US

**FEI Number: 59-3701377**

**Certificate of Status Desired: No**

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

TCB PROPERTY MANAGEMENT  
137 S. COURTENAY PKWY  
683  
MERRITT ISLAND, FL 32952 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 PD  
Name KREMER, STEPHEN  
Address 400 TROTTER #104  
City-State-Zip: MELBOURNE FL 32940

Title TREASURER  
Name STOAKLEY, THOMAS  
Address 1846 GRAND ISLE BLVD  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name WOLFE, CHRISTINE  
Address 110 FOREST AVE  
City-State-Zip: HERSHEY PA 17033

Title SECRETARY  
Name GALBRAITH, TURI  
Address 400 TROTTER LANE #204  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name STELLING, CATHERINE  
Address 812 HANDSOME CAB LN  
#203  
City-State-Zip: MELBOURNE FL 32940

*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: STEPHEN KREMER**

**PD**

**01/11/2015**

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

\_\_\_\_\_  
Date