

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

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

**Current Mailing Address:**

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

**FEI Number:** 20-3341821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

SCHNER, LARRY ESQ  
350 CAMINO GARDENS BLVD. SUITE #202  
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

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name REECE, LILLIAN  
Address 902 CLINT MOORE ROAD, #110  
City-State-Zip: BOCA RATON FL 33487

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

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

Title SECRETARY  
Name SEENAUTH, RON  
Address C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, #110  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name PENA, JOSE E  
Address C/O A&N MANAGEMENT, INC.  
902 CLINT MOORE ROAD, #110  
City-State-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:** THOMAS EDWARDS

PRES/TRES

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date