

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