

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002061

**Entity Name:** CARRIAGE HOMES AT LAMORADA CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC3105897892**

**Current Principal Place of Business:**

C/O TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN., STE. 49  
FT. MYERS, FL 33907

**Current Mailing Address:**

C/O TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN., STE. 49  
FT. MYERS, FL 33907 US

**FEI Number: 81-1636296**

**Certificate of Status Desired: No**

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

TROPICAL ISLES MANAGEMENT SERVICES, INC  
12734 KENWOOD LN., STE. 49  
FT. MYERS, FL 33907 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: DON ROEDDING**

**03/28/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARRAGE, THOMAS  
Address C/O TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN., STE. 49  
City-State-Zip: FT. MYERS FL 33907

Title P  
Name KORATICH, MATTHEW  
Address C/O TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN., STE. 49  
City-State-Zip: FT. MYERS FL 33907

Title VP/S/T  
Name CALDWELL, DAVID  
Address C/O TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN., STE. 49  
City-State-Zip: FT. MYERS FL 33907

*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: MATTHEW KORATICH**

**P**

**03/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date