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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707840

1. Corporation Name
CARRIAGE HOUSES OF TEQUESTA, INC.

Principal Place of Business	Mailing Address
DOMIUM 475 TEQUESTA DRIVE TEQUESTA FL 33469	DOMIUM 475 TEQUESTA DRIVE TEQUESTA FL 33469

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/18/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1206795 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARCHANT, DEBORAH M.
475 TEQUESTA DR.
APT. 13
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STONE, CAROLYN		1.2 NAME		
STREET ADDRESS	475 TEQUESTA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	MARCHANT, DEBORAH		2.2 NAME	Claire Malone	
STREET ADDRESS	475 TEQUESTA DR, #13		2.3 STREET ADDRESS	475 Tequesta Dr. #9	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	~~Tequesta, Fl. 33469~~	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	REYNHOUT, RONALD		3.2 NAME	Carol Campbell	
STREET ADDRESS	475 TEQUESTA DR, #4		3.3 STREET ADDRESS	475 Tequesta Dr. #6	
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP	~~Tequesta, Fl. 33469~~	
TITLE	PD	☒ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	BUSHNELL, DONALD		4. 2 NAME	Raymond Bushnell	
STREET ADDRESS	475 TEQUESTA DR #11		4.3 STREET ADDRESS	475 Tequesta Dr. #16	
CITY-ST-ZIP	TEQUESTA FL		4.4 CITY-ST-ZIP	Tequesta, Fl. 33469	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn A. Stone SIGNATURE REQUIRED 4/6/99 561-746-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)