

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90024 008 ****61.25

DOCUMENT # 707840 1. Entity Name CARRIAGE HOUSES OF TEQUESTA, INC.					
Principal Place of Business DOMIUM 475 TEQUESTA DRIVE TEQUESTA FL 33469		Mailing Address Carriage Houses of Tequesta, Inc. 475 Tequesta Dr #17 Jupiter, FL 33469			
2. Principal Place of Business - No P.O. Box					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent INGLIS, STEVE PCAM C/O BRISTOL MANAGEMENT SERVICES, INC 1930 COMMERCE LANE SUITE #1 JUPITER FL 33458			7. Name and Address of New Registered Agent Name <u>Suzanne Hamm</u> Street Address (P.O. Box Number is Not Acceptable) Carriage Houses of Tequesta, Inc. 475 Tequesta Dr #17 Jupiter, FL 33469 Zip Code <u>L</u>		
8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE <u>Suzanne Hamm</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDPD Hamm, Suzanne 475 TEQUESTA DR #14 JUPITER FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB BUSHNELL, RAY 475 TEQUESTA DR., #16 JUPITER FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dale Smith 475 Tequesta Dr., #12 Tequesta, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOD, JOYCE 475 TEQUESTA DR #17 TEQUESTA FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1206795**
 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

n familiar with, and accept

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Suzanne Hamm President 2/10/07 561-745-8693
 229-291-5248