


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 716450 1. Entity Name APARTMENT OWNERS OF CARRIAGE HOUSE, INC.	
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Principal Place of Business 701 BARCELONA AVE. VENICE, FL 34285	Mailing Address C/O ANTARES GROUP INC 4195 S TAMiami TR PMB 173 VENICE, FL 34293 US
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01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1347768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ANTARES GROUP, INC. 4195 S TAMiami TR PMB 173 VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM, KAPELA 701 BARCELONA AVE., #110 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAVIS, ELIZABETH 701 BARCELONA AVE # 103 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRUMENAKER, CYNTHIA C 760 SUGARWOOD WAY VENICE, FL 34282
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOMMAY, RITA 701 BARCELONA AVE # 209 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000693741
04/16/07-80052-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07 941-488-6247
Date Daytime Phone #