## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT#716450** 

FILED Oct 16, 2008 Secretary of State

Entity Name: APARTMENT OWNERS OF CARRIAGE HOUSE, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

701 BARCELONA AVE. VENICE, FL 34285

**Current Mailing Address:** 

**New Mailing Address:** 

C/O ANTARES GROUP INC 4195 S TAMIAMI TR PMB 173 VENICE, FL 34293 US

C/O KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293

FEI Number: 59-1347768

FEI Number Applied For ( )

FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANTARES GROUP, INC 4195 S TAMIAMI TR PMB 173 VENICE, FL 34293

KEYS-CALDWELL, INC 1162 INDIAN HILLS BLVD. VENICE, FL 34293

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: JAMES S. KRAUT

10/16/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WILLIAM, KAPELA Name: 701 BARCELONA AVE., #110 Address:

City-St-Zip: VENICE, FL 34285

Title: TD () Delete

Name: MAVIS, ELIZABETH Address: 701 BARCELONA AVE # 103

City-St-Zip: VENICE, FL 34285

Title: () Delete KRUMENAKER, CYNTHIA C Name:

760 SUGARWOOD WAY Address: City-St-Zip: VENICE, FL 34292

Title: SD (X) Delete Name: NOMMAY, RITA

701 BARCELONA AVE # 209 Address: City-St-Zip: VENICE, FL 34285

(X) Change ( ) Addition FROMER, MYLES Name:

Address: 701 BARCELONA AVENUE, #206

City-St-Zip: VENICE, FL 34285

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change ( ) Addition

Name: WATKINS, LEE

1313 S. FOX PAW DRIVE Address: City-St-Zip: NEW PALESTINE, IN 46163

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MYLES FROMER PD 10/16/2008