

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716450

FILED
Apr 20, 2009
Secretary of State

Entity Name: APARTMENT OWNERS OF CARRIAGE HOUSE, INC.

Current Principal Place of Business:

701 BARCELONA AVE.
VENICE, FL 34285

New Principal Place of Business:

1162 INDIAN HILLS BLVD
VENICE, FL 34293

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1347768 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FROMER, MYLES
Address: 701 BARCELONA AVENUE, #206
City-St-Zip: VENICE, FL 34285

Title: TD () Delete
Name: MAVIS, ELIZABETH
Address: 701 BARCELONA AVE # 103
City-St-Zip: VENICE, FL 34285

Title: DS () Delete
Name: WATKINS, LEE
Address: 1313 S. FOX PAW DRIVE
City-St-Zip: NEW PALESTINE, IN 46163

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: WATKINS, RITA
Address: 701 BARCELONA AVENUE # 102
City-St-Zip: VENICE, FL 34285

Title: TS (X) Change () Addition
Name: RATHMELL, JACK
Address: 701 BARCELONA AVENUE, #203
City-St-Zip: VENICE, FL 34285

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

04/20/2009

Electronic Signature of Signing Officer or Director

Date