

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718169

FILED  
Apr 18, 2009  
Secretary of State

**Entity Name:** CARRIAGE HILL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 180111  
CASSELBERRY, FL 327180111 US

**New Principal Place of Business:**

6 BAYBERRY BRANCH  
CASSELBERRY, FL 32707 US

**Current Mailing Address:**

PO BOX 180111  
CASSELBERRY, FL 327180111 US

**New Mailing Address:**

P.O. BOX 180111  
CASSELBERRY, FL 327180111 US

**FEI Number:** 23-7051581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOLOMON, SANDRA  
6 BAYBERRY BRANCH  
CASSELBERRY, FL 32707 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: SMITH, DEE  
Address: 7 CARRIAGE HILL CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD ( ) Delete  
Name: BURTON, STACEY  
Address: 4 HERITAGE COVE CT.  
City-St-Zip: CASSELBERRY, FL 32707

Title: SP ( ) Delete  
Name: BOLOT, VALERIE  
Address: 135 CARRIAGE HILL DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Delete  
Name: BAKALLA, ED  
Address: 560 MARIGOLD RD  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: BURTON, STACEY  
Address: 4 HERITAGE COVE CT.  
City-St-Zip: CASSELBERRY, FL 32707

Title: TD (X) Change ( ) Addition  
Name: BAKALLA, ED  
Address: 560 MARIGOLD RD  
City-St-Zip: CASSELBERRY, FL 32707

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:** ED BAKALLA

TD

04/18/2009

Electronic Signature of Signing Officer or Director

Date