

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750007

FILED
Jan 27, 2006
Secretary of State

Entity Name: CARRIAGE VIEW AT CLEARWATER, INC.

Current Principal Place of Business:

1351 BLUFFS CIRCLE
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION DATA MANAGEMENT, INC.
PO BOX 2007
DUNEDIN, FL 346972007 US

New Mailing Address:

FEI Number: 59-2059485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASSER, WILLIAM J
1351 BLUFFS CIRCLE
DUNEDIN, FL 34698 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: VAN SWOL, LAVONE
Address: 1485 LAKEVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: SPRINGER, DONNA,
Address: 1485 LAKEVIEW RD
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: MCCANN, RONALD R
Address: 1485 LAKEVIEW RD.
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: MILLER, JOSEPH J
Address: 1485 LAKEVIEW RD.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SPRINGER, DONNA,
Address: 1485 LAKEVIEW RD
City-St-Zip: CLEARWATER, FL 33756

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

Title: D (X) Change () Addition
Name: SCHWARZ, BEGNNER
Address: P.O. BOX 1691
City-St-Zip: DUNEDIN, FL 34697

I hereby certify that the information supplied with this filing does not qualify for the 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: LAVONE VAN SWOL

P

01/27/2006

Electronic Signature of Signing Officer or Director

Date