2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# 750007

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:	S	( ) 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:	SCHWARZ, BEGNNER	
Address:	P.O. BOX 1691	
City-St-Zip:	DUNEDIN, FL 34697	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 VANSWOL P 02/17/2007

Electronic Signature of Signing Officer or Director — Date