2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750007

FILED Feb 01, 2008 Secretary of State

Entity Name: CARRIAGE VIEW AT CLEARWATER, INC. **Current Principal Place of Business: New Principal Place of Business:** 1351 BLUFFS CIRCLE 1022 MAIN STREET DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US **Current Mailing Address: New Mailing Address:** ASSOCIATION DATA MANAGEMENT, INC. PO BOX 2007 DUNEDIN, FL 346972007 US FEI Number: 59-2059485 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: NASSER, WILLIAM J TANKEL, ROBERT L 1351 BLÚFFS CIRCLE 1022 MAIN STREET DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US 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: ROBERT L. TANKEL 02/01/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VAN SWOL, LAVONE Name: Name: 1485 LAKEVIEW RD Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition SPRINGER, DONNA, Name: Name: Address: 1485 LAKEVIEW RD Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: () Delete Title: () Change () Addition MCCANN, RONALD R Name: Name: 1485 LAKEVIEW RD. Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: (X) Delete Title: () Change () Addition SCHWARZ, BEGNNER Name: Name: Address: P.O. BOX 1691 Address: City-St-Zip: DUNEDIN, FL 34697 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: LAVONE VAN SWOL P 02/01/2008