

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757834

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE LANDINGS CARRIAGEHOUSE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

KESTRAL PKWY N.  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

CASEY CONDO MGMT.  
SUITE 102  
SARASOTA, FL 34231 US

**New Mailing Address:**

CASEY CONDO MGMT.  
4370 S. TAMIAMI TRAIL, SUITE 102  
SARASOTA, FL 34231 US

**FEI Number:** 59-2151880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASEY CONDOMINIUM MGMT  
4370 S TAMIAMI TRAIL  
SUITE 102  
SARASOTA, FL 34231 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: VD ( ) Delete  
Name: STEVES, DAVID  
Address: 4849 KESTRAL PKWY N  
City-St-Zip: SARASOTA, FL 34231

Title: PD ( ) Delete  
Name: HUMMEL, DANA  
Address: 4933 KESTRAL PARKWAY NORTH  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: SULLIVAN, HELEN  
Address: 4804 KESTRAL PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: BRYDA, MARLENE  
Address: 4802 KESTRAL PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: ANDERSON, CAROL  
Address: 4920 KESTRAL PARK CIRCLE  
City-St-Zip: SARASOTA, FL 34231

**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:

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: CAROL J. ANDERSON

TD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date