## 2005 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT (AR) **DOCUMENT # 766692**

## 1. Entity Name

## LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.

Country

Principal Place of Business

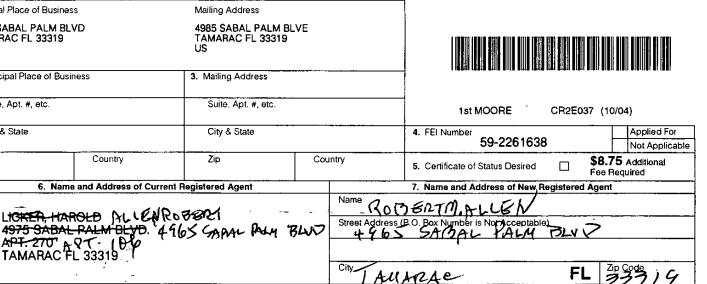
4985 SABAL PALM BLVD TAMARAC FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



8. 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. I am familiar with, and accept the obligations of registered agent.

FILE NOW: FEE IS \$61.25 Due By May 1; 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

**FILED** 

Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90279 016 \*\*\*\*61.25

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICKER, HAROLD 4975 SABAL PALM BLVD., #210 TAMARAC FL 33319	<b>%</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CENSER, HORTON 4850 SAMALPALA BLW 109 TAMARAC FLA 33719	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBANELL, FATE 4970 SABAL PALM BLVD.,#107 TAMARAC FL 33319	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRES - GECT. Change Addition SWELS DEVECTOR, ABOLE 6085 SAMA PAJU BLUD 307 TALLOCA C. FUN 73719	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRADIN, SIDNEY 4970 SABAL PALM BLVD., #203 FORT LAUDERDALE FL 33319	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POSSA, FERIVANDO 4965 SAAAL PAH BLUD-405 TALMRAS FLA 3731 9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (REGIDENT) ALLEN, ROBERT 4965 SABAL PALM BLVD., #106 TAMARAC FL 33319	☐ Delete	TATLE NAME STREET ADDRESS CHY-ST-ZIP	WELSS HEREMAN 4450 SABAL PALA BW > 203 TAMARAC FLA 33319	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOWITZ, MURIEL 4960 SABAL PALM BLVD., #205 FORT LAUDERDALE FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EMITH DON 60905 SPAC PACK PACK IAMARAC, FLA 33919	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.