


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90068 034 ****61.25

DOCUMENT # 766692 1. Entity Name LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4985 SABAL PALM BLVD TAMARAC FL 33319 US			Mailing Address 4985 SABAL PALM BLVE TAMARAC FL 33319 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2261638 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent ALLEN, ROBERT M 4965 SABAL PALM BLVD APT. 270 TAMARAC FL 33319			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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.					
SIGNATURE <i>Robert M. Allen</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <i>1/30/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <i>DIR</i> NAME <i>MORTON, CENSER</i> STREET ADDRESS <i>4950 SABAL PALM BLVD #109</i> CITY-ST-ZIP <i>TAMARAC FL 33319</i>	<input type="checkbox"/> Delete		TITLE <i>DIR</i> NAME <i>Morton Genser</i> STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>V</i> NAME <i>SWEISBERGER, ABBIE</i> STREET ADDRESS <i>6085 SABAL PALM BLVD #307</i> CITY-ST-ZIP <i>TAMARAC FL 33319</i>	<input checked="" type="checkbox"/> Delete		TITLE <i>V-P</i> NAME <i>Donald J. Smith</i> STREET ADDRESS <i>6090 Sabal Palm Blvd #111</i> CITY-ST-ZIP <i>Tamarae, FL 33319</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <i>DIR</i> NAME <i>BOSSA, FERNANDO</i> STREET ADDRESS <i>4965 SABAL PALM BLVD #405</i> CITY-ST-ZIP <i>TAMARAC FL 33319</i>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>Pres</i> NAME <i>ALLEN, ROBERT</i> STREET ADDRESS <i>4965 SABAL PALM BLVD., #106</i> CITY-ST-ZIP <i>TAMARAC FL 33319</i>	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>D</i> NAME <i>MARKOWITZ, MURIEL</i> STREET ADDRESS <i>4960 SABAL PALM BLVD., #205</i> CITY-ST-ZIP <i>FORT LAUDERDALE FL 33319</i>	<input checked="" type="checkbox"/> Delete		TITLE <i>TRUSTEE</i> NAME <i>ALEXANDER HIRSCH</i> STREET ADDRESS <i>6095 SABAL PALM BLVD</i> CITY-ST-ZIP <i>TAMARAC FLA 33319</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <i>DIR</i> NAME <i>WEISS, HERMAN</i> STREET ADDRESS <i>4950 SABAL PALM BLVD #203</i> CITY-ST-ZIP <i>TAMARAC FL 33319</i>	<input type="checkbox"/> Delete		TITLE <i>SEC</i> NAME <i>SIDNEY FRADIN</i> STREET ADDRESS <i>4970 SABAL PALM BLVD</i> CITY-ST-ZIP <i>TAMARAC, FL. 33319</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 exemption.					
SIGNATURE: <i>Robert M. ALLEN</i> <i>Robert M. Allen</i> <i>1/30/06</i>					