

2007-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 001 ****61.25

DOCUMENT # 766692

1. Entity Name

**LAKE 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2261638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, ROBERT M
4985 SABAL PALM BLVD
APT 270
TAMARAC FL 33319**

**FRADIN, STONEY
4970 SABAL PALM BLVD
APT 203
TAMARAC, FL 33319**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORTON, GENSER	
STREET ADDRESS	4950 SABAL PALM BLVD #109	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	SMITH, DONALD J	
STREET ADDRESS	6090 SABAL PALM BLVD STE111	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VP BOSSA, FERNANDO	<input type="checkbox"/> Delete
NAME	BOSSA, FERNANDO	
STREET ADDRESS	4965 SABAL PALM BLVD #405	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROBERT	
STREET ADDRESS	4965 SABAL PALM BLVD., #106	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	T	<input type="checkbox"/> Delete
NAME	HIRSCH, ALEXANDER	
STREET ADDRESS	6095 SABAL PALM BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	VP WEISS, HERMAN	<input type="checkbox"/> Delete
NAME	WEISS, HERMAN	
STREET ADDRESS	4950 SABAL PALM BLVD #203	
CITY-ST-ZIP	TAMARAC FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT LAWSON	
STREET ADDRESS	4970 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELLER, VERA	
STREET ADDRESS	4940 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRADIN, STONEY	
STREET ADDRESS	4970 SABAL PALM BLVD	
CITY-ST-ZIP	TAMARAC, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

ALEXANDER HIRSCH - TREASURER 1/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #