

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766692

FILED
Feb 01, 2010
Secretary of State

Entity Name: LAKES OF CARRIAGE HILLS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4985 SABAL PALM BLVD
TAMARAC, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4985 SABAL PALM BLVD
TAMARAC, FL 33319 US

New Mailing Address:

FEI Number: 59-2261638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTNETT, JOHN
4985 SABAL PALM BLVD
TAMARAC, FL 33319 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: P
Name: LAWSON, PAT
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

Title: D
Name: SMITH, DONALD J
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAAC, FL 33319

Title: D
Name: BOSSA, FERNANDO
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

Title: VP
Name: SILVER, SAM
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

Title: T
Name: HIRSCH, ALEXANDER
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

Title: S
Name: BATTAGLIA, ALICE
Address: 4985 SABAL PALM BLVD
City-St-Zip: TAMARAC, FL 33319

I hereby 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 all other like empowered.

SIGNATURE: PAT LAWSON

MS

02/01/2010

Electronic Signature of Signing Officer or Director

Date