


FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **769921** (8)  
1. Corporation Name  
**CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2350 S.W. 73RD TERR.  
GAINESVILLE FL 32607**

Mailing Address  
**2350 S.W. 73RD TERR.  
GAINESVILLE FL 32607**

3. Date Incorporated or Qualified  
**08/19/1983**

4. FEI Number  
**59-2333129**

Applied For  
☐ Not Applicable

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**ALLEN, DON  
7110 NW 29 AVE.,  
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent  
**81** Name **D. JEFFREY SAUSAMAN**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**C/O ACTION BEATY**  
**83** City & State  
**6110-B NW 1 PL**  
**84** City **GAINESVILLE** **FL** **85** Zip Code **32607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **D. Jeffrey Sausaman** **D. JEFFREY SAUSAMAN**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **3/11/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, DON	
STREET ADDRESS	7110 NW 29 AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, SUSAN	
STREET ADDRESS	4023 N.W. 34 PLACECE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	4023 N.W. 34TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIO BERNARDO	
1.3 STREET ADDRESS	2347 SW 73 TER	
1.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SUSAN WAGNER	
2.3 STREET ADDRESS	2349 SW 73 TER	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARTHA JANE GREEN	
3.3 STREET ADDRESS	119 TURKEY CREEK	
3.4 CITY-ST-ZIP	ALACHUA FL 32415	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BART PATTERSON	
4.3 STREET ADDRESS	2224 SW 73 TER	
4.4 CITY-ST-ZIP	GAINESVILLE FL 32607	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KATHY DEWEESE	
5.3 STREET ADDRESS	8415 SW 57 PL	
5.4 CITY-ST-ZIP	GAINESVILLE FL 32606	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Susan K. Wagner** **3-11-98 352-392-5551 x106**

CR2E037 (10/97)