
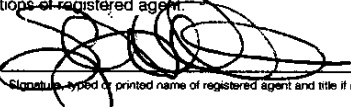



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90469 042 \*\*\*\*61.25

<b>DOCUMENT # 769921</b> 1. Entity Name <b>CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>2350 S.W 73RD TERR. GAINESVILLE, FL 32607</b>			Mailing Address <b>C/O NAUTILUS ASSOCIATION MGT., LLC 4623 NW 53 AVE GAINESVILLE, FL 32606 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>c/o Sun Lu Properties, Inc</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>901 NW 8th Avenue, A-6</b>			
City & State		City & State <b>Gainesville, FL</b>			
Zip <b>32601</b>	Country	Zip <b>32601</b>	Country <b>Alachua</b>	4. FEI Number <b>59-2333129</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NAUTILUS ASSOCIATION MGT., LLC 4623 NW 53 AVE GAINESVILLE, FL 32606</b>			7. Name and Address of New Registered Agent Name <b>Sally Ann Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Sun Lu Properties, Inc.</b> <b>901 NW 8th Avenue, Suite A-6</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32601</b>		
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  <span style="float: right;">4-26-07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WAGNER, SUSAN 2349 SW 73RD TERR GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SAPP, RICHARD 2225 SW 73RD TERR GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BARROSO, CESAR 2304 SW 73 TERRACE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ALLEN, JUDITH 2307 SW 73 TERRACE GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <span style="float: right;">4-26-07 352 332-7318</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					