## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769921** 

FILED Feb 24, 2009 Secretary of State

Entity Name: CARRIAGE HOUSE LANE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2350 S.W 73RD TERR. 901 NW 8TH AVENUE

GAINESVILLE, FL 32607 SUITE A-6

GAINESVILLE, FL 32607 US

Current Mailing Address: New Mailing Address:

C/O SUN LU PROPERTIES, INC 901 NW 8TH AVENUE, A-6 GAINESVILLE, FL 32601 US

FEI Number: 59-2333129 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, SALLY ANN C/O SUN LU PROPERTIES, INC. 901 NW 8TH AVENUE, SUITE A-6 GAINESVILLE, FL 32601 US

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:

Name:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

P ( ) Delete Title: PD (X) Change ( ) Addition SAPP. RICK Name: SAPP. RICK

 Address:
 2225 SW 73RD TERRACE
 Address:
 2225 SW 73RD TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

Title: VP ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 WAGNER, SUSAN
 Name:
 WAGNER, SUSAN

 Address:
 2349 SW 73RD TERR
 Address:
 2349 SW 73RD TERR

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

Title: PD ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 BARROSO, CESAR
 Name:
 HARDEN, JUSTIN

 Address:
 2304 SW 73 TERRACE
 Address:
 2305 SW 73 TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

Title: SD () Delete Title: D (X) Change () Addition

 Name:
 ALLEN, JUDITH
 Name:
 AHLGREN, JOSLYN

 Address:
 2307 SW 73 TERRACE
 Address:
 2337 SW 73 TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 GAINESVILLE, FL 32607 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICK SAPP PD 02/24/2009