

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769921

FILED  
Apr 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

901 NW 8TH AVENUE  
SUITE A-6  
GAINESVILLE, FL 32607 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2333129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, SALLY ANN  
C/O SUN LU PROPERTIES, INC.  
901 NW 8TH AVENUE, SUITE A-6  
GAINESVILLE, FL 32601 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: PD  
Name: SAPP, RICK  
Address: 2225 SW 73RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DST  
Name: WAGNER, SUSAN  
Address: 2349 SW 73RD TERR  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: DVP  
Name: HARDEN, JUSTIN  
Address: 2305 SW 73 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

Title: D  
Name: AHLGREN, JOSLYN  
Address: 2337 SW 73 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607 US

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: RICK SAPP

DP

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date