# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 25, 2008 8:00 am**
**Secretary of State**
03-25-2008 90010 038 ****61.25

DOCUMENT # N01000001628

1. Entity Name

CARRIAGE PARK CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6767 N. WICKHAM ROAD<br>SUITE 213<br>MELBOURNE FL 32940<br>US | % FRANCIS STEWART<br>6939 N. WICHKAM RD.<br>MELBOURNE FL 32940<br>US |

1st MOORE CR2E037 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3701377 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| STEWART, FRANCIS CPA<br>6939 N. WICKHAM RD.<br>MELBOURNE FL 32940 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2008**

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

**Make Check Payable to: Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BLAIR, CONROY<br>~~912 HANDSOME CAB LN #104~~<br>MELBOURNE FL 32940 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BLAIR CONROY, PRES.<br>703 AUTUMN GLEN DR<br>MELBOURNE, FL 32940 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRICE, BOB<br>501 TROTTER LN #101<br>MELBOURNE FL 32940 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>STEPHEN KREMER<br>400 TROTTER # 104<br>MELBOURNE, FL 32940 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KREMER-WOLFE, CHRIS<br>408 HARVEY RD<br>HERSHEY PA 17033 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>FRANK KOZLOWSKI<br>601 TROTTER LN # 105<br>MELBOURNE, FL 32940 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DABROWSKI, ANN<br>501 TROTTER LANE #205<br>MELBOURNE FL 32940 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

954-732-6845

**SIGNATURE:** BLAIR CONROY, PRESIDENT 7MAR08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #