## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N02000001806

THE CARRIAGE HOMES AT BELL TOWER PARK



CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 5100 BELL TOWER PARK BLVD 15065 MCGREGOR BLVD FT MYERS, FL 33912 US SUITE 108 FT MYERS, FL 33908 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 CR2E037 (10/03) Chg-NP Applied For City & State City & State 4. FEI Number 02-0565741 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINER, STEVEN L 2320 FIRST STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 1000** FT MYERS, FL 33901-2904 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete **Addition** TITLE TITLE OORLOG, GLENN HENSLEY, ROBERT D NAME NAME ISOGS MCGREGOR BLVD # 108 STREET ADDRESS 15065 MCGREGOR BLVD, STE 108 STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33908 CITY-ST-ZIE FT MY PNJ. FL Delete Change **Addition** TITLE VREEKÉR, JAN SYNDA JONES NAME NAME SIDO W. HYDE CT. # 101 15065 MCGREGOR BLVD, STE 108 STREET ADDRESS STREET ADDRESS FT MYERS, FL 33908 CITY-ST-ZIP FORT MYERS, FL 339/a CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CRUMBIE, JAMES H NAME NAME 15065 MCGREGOR BLVD, STE 108 STREET ADDRESS STREET ADDRESS FT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. 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 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 attachmen vith an address, with all other like empowered.

STREET ADDRESS CITY-ST-7/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF LIGNING OFFICER OR DIRECTOR

Glenn & Oorlog

239-437-5007

**FILED** 

Mar 21, 2005 8:00 am Secretary of State

03-21-2005 90122 039 \*\*\*\*61.25