## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000001806

City-St-Zip:

FORT MYERS, FL 33908

FILED Sep 28, 2009 Secretary of State

Entity Name: THE CARRIAGE HOMES AT BELL TOWER PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5100 BELL TOWER PARK BLVD FT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 3701 NORTH TAMIAMI TRAIL 12671 WHITEHALL DRIVE FT MYERS, FL 33907 NAPLES, FL 34103 FEI Number: 02-0565741 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHEILD, CHRIS COMPASS GROUP 1833 HENDRY STREET 3701 NORTH TAMIAMI TRAIL FT MYERS, FL 33901 NAPLES, FL 34103 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: COMPASS GROUP 09/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HUTTON, WALLACE Name: Name: 13861 AVON PARK CIRCLE #101 Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GARLAND, ROBERT Name: Address: 13861 AVON PARK CIRCLE #104 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: S-T () Delete Title: () Change () Addition KUSTRA, ELAINE Name: Name: 13861 AVON PARK CIRCLE #102 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: OORLOG, GLENN Name: 15065 MCGREGOR BLVD #108 Address: Address:

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.

City-St-Zip:

SIGNATURE: COMPASS GROUP MGR 09/28/2009