2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006
Secretary of State

DOCUMENT# N02000002871

Entity Name: CARRIAGE CROSSING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 CARRIAGE CROSSING CIRCLE
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1622
SEFFNER, FL 33583

New Mailing Address:

FEI Number: 06-1677831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, VIRGINIA D
409 CARRIAGE CROSSING CIRCLE
BRANDON, FL 33510 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:	PRES	( ) Delete
Name:	MORGAN, VIRGINIA D	
Address:	409 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	VP	( ) Delete
Name:	ROBERTS, BRIAN	
Address:	312 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	TRS	( ) Delete
Name:	JACKSON, STEVEN	
Address:	313 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	SEC	( ) Delete
Name:	NORIEGA, MEL	
Address:	324 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	DIR	( ) Delete
Name:	MILLER, CHRISTINE	
Address:	315 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	DIR	(X) Delete
Name:	MERCER, JOHN	
Address:	309 CARRIAGE CROSSING CIRCLE	
City-St-Zip:	BRANDON, FL 33510	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: VIRGINIA MORGAN PRES 02/15/2006

Electronic Signature of Signing Officer or Director — Date