2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
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:

312 CARRIAGE CROSSING CIRCLE
BRANDON, FL 33510

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:

ROBERTS, BRIAN
312 CARRIAGE CROSSING CIRCLE
BRANDON, FL 33510 US

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: BRIAN ROBERTS 04/26/2009
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 (X) Delete
Name: NORIEGA, MEL
Address: 324 CARRIAGE CROSSING CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: DIR (X) Delete
Name: DECROIX, MICHAEL
Address: 303 CARRIAGE CROSSING CIRCLE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROBERTS, BRIAN
Address: 312 CARRIAGE CROSSING CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: VP (X) Change ( ) Addition
Name: NORIEGA, MEL
Address: 324 CARRIAGE CROSSING CIRCLE
City-St-Zip: BRANDON, FL 33510

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 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: STEVEN JACKSON TRES 04/26/2009
Electronic Signature of Signing Officer or Director Date