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

FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # N02000004754 1. Entity Name CARRIAGE HOUSE TOWNHOMES ASSOCIATION. INC. Principal Place of Business Mailing Address 1985 EAST LAKE ROAD 1987 EAST LAKE RD. PALM HARBOR FL 34685 PALM HARBOR FL 34685 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 04-3654735 Not Applicable Ζıρ Country Zıp 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 HUNTER, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 1987 EAST LAKE RD. PALM HARBOR FL 34685 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Benistered Agent signapure (eq.) (red when reinstating) CATE par stary, pyrad FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Oelete TITLE ☐ Addition Change U00000896 HARRISON, MARK NAME 04/25/08-80016-017 61.25 1985 E LAKE RD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY ST-ZIP CITY-ST-ZIP TITLE Defete Change Addition ROBINSON, MELVIN NAME NAME 1989 EASTLAKE RD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-7(P CITY-ST-ZIP STD TITLE Delete TITLE Change Addition FIRST, ALLAN NAME NAME 1987 EASTLAKE RD. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME HUNTER, VIRGINIA NA JE STREET ADDRESS 1987 EAST LAKE RD STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34685 CITY-ST-ZiP THRU Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 feceiver 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.

SIGNATURE:

Water Virginia Hunt

127-726-7058