

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 001 ****61.25

DOCUMENT # N03000005152

1. Entity Name
**HOMEOWNERS ASSOCIATION OF CARRIAGE LAKE AT
VERO, INC.**



Principal Place of Business
**2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK STE C-1
MELBOURNE, FL 32940**

Mailing Address
**2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK STE C-1
MELBOURNE, FL 32940**

40046000



01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business
333 17th street

Suite, Apt. #, etc.
Suite 2L

City & State
Vero Beach, FL

Zip
32960

Country
US

3. Mailing Address
333 17th street

Suite, Apt. #, etc.
Suite 2L

City & State
Vero Beach, FL

Zip
32960

Country
US

4. FEI Number
20-0059069

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIMMS, DONALD L
2825 BUSINESS CENTER BLVD
WICKHAM BUSINESS PARK STE C-1
MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name
Alan P. Romano

Street Address (P.O. Box Number is Not Acceptable)

333 17th street, Suite 2L

City
Vero Beach

FL

Zip Code
32960

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

[Signature]

5/31/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	SIMMS, DONALD L	
STREET ADDRESS	2825 BUSINESS CENTER BLVD STE C-1	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKLER, JOE	
STREET ADDRESS	333 17th STREET SUITE 2L	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, TAB	
STREET ADDRESS	333 17th ST, SUITE 2L	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, KELLY	
STREET ADDRESS	333 17th ST., SUITE 2L	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cohen, Martin	
STREET ADDRESS	333 17th ST, SUITE 2L	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faherty, Phil	
STREET ADDRESS	333 17th Street, Suite 2L	
CITY-ST-ZIP	Vero Beach FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

5/31/06

772-567-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone