فالمساج ي **2008 NOT-FOR-PROFIT CORPORATION**

ANNUAL REPORT



DOCUMENT # N03000005152

1. Entity Name HOMEOWNERS ASSOCIATION OF CARRIAGE LAKE AT

| VERU, IN | IG. | | | | | 5) | 1 | | | | | | | |
|---|---|----------------------------|-----------------------------------|--|---|-------------------------------------|--|------------|------------|-------------------------|------------------------------|---------------------------|--|----------|
| Principal Place 333 17TH ST STE 2L VERO BEACH | Address 7TH ST - BEACH, FL 32960 |) | | | 4003 | , | | 11ff 30 | en www. | II (4 18) I IIII | NIEW a en 1 er | | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailin | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | 02182008 | Chg | -NP | c | CR2E03 | 7 (12/06) | 1 | |
| City & State | е | City | City & State | | | 4. FEI Number 20-0059069 | | | | | | ⊢ | Applied For Not Applicabl | le |
| Zìp | Zip Country | | Zip Cou | | | fry 5. Certificate of Status Desire | | | | <u>.</u> | | 8.75 A ee Requi | dditional . | |
| | 6. Name and Address of Curr | rent Registered | Agent | | | | 7. Name and | Addre | ss of New | v Regi | stered A | gent | | |
| ROMANO, | • | | Name | | | | | | | | | | | |
| | ST STE 2L ACH, FL 32960 | | Street Addres | | | dress (P | '.O. Bax Numb | er is No | t Accepta | ıble) | | | | |
| | , • | | City | | | | FL Zip Code | | | | | | | |
| | named entity submits this stateme tions of registered agent. | ent for the purpo | se of changing its re | egistere | d office or re | egistere | ed agent, or bo | oth, in th | e State of | Florid | a. I am f | amiliar wit | h, and accep | ıt |
| SIGNATURE . | Signature, typed or printed name of registered | agent and little if applic | able (NOTÉ: l | Registered | Ageni signature i | · benuper | when reinstating) | | | | DATE | | | |
| | | | | | | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Camp Trust Fund Co | _ | | | \$5.00 May E Added to Fees | | F | | | payable ment of | | |
| 10. | - | D DIRECTORS | • | _ | | J . | | • | | lorida | Depart | ment of | State | |
| 10. | Due by May 1, 2008 | D DIRECTORS | • | ontributio | on. | <u>^</u> ^P/D | Added to Fees | • | | lorida | Depart | ment of | State IN 10 | ın |
| TITLE NAME | OFFICERS ANI STD HOWELL, JOAN | | Trust Fund Co | 11. TITLE NAME | on. | <u>^</u> ^P/D | Added to Fees | • | | lorida | Depart | ment of | State IN 10 | ın |
| TITLE | OFFICERS ANI | | Trust Fund Co | 11. TITLE NAME STREE | on. | <u>^</u> ^P/D | Added to Fees | • | | lorida | Depart | ment of | State IN 10 |)n |
| THILE NAME STREET ADDRESS | OFFICERS AND STD HOWELL, JOAN 333 17TH STREET SUITE 20 | | Trust Fund Co | 11. TITLE NAME STREE | en Address ST-ZIP | <u>^</u> ^P/D | Added to Fees | • | | lorida | Depart | ment of | State IN 10 Additio | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS ANI STD HOWELL, JOAN 333 17TH STREET SUITE 2I VERO BEACH, FL 32960 PD HALL, KELLY | | Trust Fund Co | 11. TITLE NAME STREE CITY- TITLE NAME | T ADDRESS S1-ZIP | <u>^</u> ^P/D | Added to Fees | • | | lorida | Depart | ECTORS Change | State IN 10 Additio | |
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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 it 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

SIGNATURE:

of the corporation of the federal of fusing empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Mar 13, 2008 8:00 am Secretary of State

03-13-2008 90026 011 ****61.25