2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N04000001905

Entity Name: CARRIAGE HOMES HOMEOWNERS ASSOCIATION, INC

Current Principal Place of Business:

6068 SOUTH APOPKA VINELAND ROAD, SUITE #3
ORLANDO, FL 32819 US

New Principal Place of Business:

541 N. PALMETTO AVENUE
SUITE 105
SANFORD, FL 32771 US

Current Mailing Address:

6068 SOUTH APOPKA VINELAND ROAD, SUITE #3
ORLANDO, FL 32819 US

New Mailing Address:

541 N. PALMETTO AVENUE
SUITE 105
SANFORD, FL 32771 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOUDHURY, TARIK H
6068 SOUTH APOPKA VINELAND ROAD, SUITE #3
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SEMANS, RON
541 N. PALMETTO AVE.
SUITE 105
SANFORD, FL 32771 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: RON SEMANS 04/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHOUDHURY, TARIK H
Address: 6068 SOUTH APOPKA VINELAND ROAD, SUITE 3
City-St-Zip: ORLANDO, FL 32819 US

Title: D ( ) Delete
Name: CHOUDHURY, TARIK H
Address: 6068 SOUTH APOPKA VINELAND ROAD, SUITE #3
City-St-Zip: ORLANDO, FL 32819 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SEMANS, R
Address: 541 N PALMETTO AVE., SUITE 105
City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Change ( ) Addition
Name: HORIAN, ROBERT L
Address: 541 N PALMETTO AVE., SUITE 105
City-St-Zip: SANFORD, FL 32771 US

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: RON SEMANS P 04/16/2009
Electronic Signature of Signing Officer or Director Date