

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002783

FILED
Jan 17, 2009
Secretary of State

Entity Name: CARRIAGE HOMES AT BENTLEY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DRIVE
SUITE 205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DRIVE
SUITE 205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-1095258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
SUITE 205
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EBANKS, MARILYN
Address: 2970 NW 33RD WAY
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VPD () Delete
Name: VOSECEK, JOE
Address: 2966 NW 33RD WAY
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD () Delete
Name: STOTZ, CHRIS
Address: 3361 NW 29TH CT.
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PT () Delete
Name: HUNT, PHIL
Address: 2952 NW 33RD LANE
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHIL HUNT

PT

01/17/2009

Electronic Signature of Signing Officer or Director

Date