
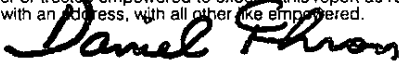


<b>DOCUMENT # N04000005276</b>					
<b>1. Entity Name</b> CARRIAGE HOMES I AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12601 W LINKS DR UNIT #7 FORT MYERS, FL 33913			<b>Mailing Address</b> 12601 W LINKS DR UNIT #7 FORT MYERS, FL 33913		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Country	
<b>6. Name and Address of Current Registered Agent</b>					
SHIELDS, CHRISTOPHER J 1833 HENDRY ST FT MYERS, FL 33901				Name	
				Street Address	
				City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b>		<b>NAME</b>		<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>		<b>CITY - ST - ZIP</b>			
VD		SHEA, JACK			
12601 WESTLINKS DRIVE UNIT 7		FT MYERS, FL 33913			
STD		THRON, DAN		<input type="checkbox"/> Delete	
12601 W LINKS DR #7		FT MYERS, FL 33913			
RD		PERSICILLI, ANTHONY		<input checked="" type="checkbox"/> Delete	
12601 WESTLINKS DR, UNIT 7		FORT MYERS, FL 33913			
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
<b>11.</b>					
<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					