

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 06, 2008
Secretary of State

DOCUMENT# N04000005276

Entity Name: CARRIAGE HOMES I AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3050 MOODY RIVER BLVD
NORTH FORT MYERS, FL 33903**New Principal Place of Business:****Current Mailing Address:**3050 MOODY RIVER BLVD
NORTH FORT MYERS, FL 33903**New Mailing Address:**C/O SILVERCRESTED MANAGEMENT, LLC
P.O. BOX 1848
FORT MYERS, FL 33902**FEI Number:** 20-3855296**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33901 US**Name and Address of New Registered Agent:**C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: LEE J. VAN TILBURG

06/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATKINS, MARIA
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VPD () Delete
Name: ATKINS, MARIA
Address: 12601 W LINKS DR #7
City-St-Zip: FT MYERS, FL 33913

Title: SD (X) Delete
Name: ROGERS, JON
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: TD (X) Delete
Name: MORGAN, LAURIE
Address: 3050 MOODY RIVER BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LINCOLN, MARGARET
Address: 3260 LEEWAY COURT #1
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change () Addition
Name: WALTER, CHARLES
Address: 18422 HERITAGE TRAIL
City-St-Zip: STRONGSVILLE, OH 44136

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: CHARLES WALTER

D

06/06/2008

Electronic Signature of Signing Officer or Director

Date