

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005276

FILED
Feb 26, 2009
Secretary of State

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:

C/O SILVERCRESTED MANAGEMENT, LLC
P.O. BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 20-3855296 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: LINCOLN, MARGARET
Address: 3260 LEEWAY COURT #1
City-St-Zip: NORTH FORT MYERS, FL 33903

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: JERRELLS, MATT
Address: 3250 LEE WAY COURT #7
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date