

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005276

**FILED**  
**Jan 26, 2010**  
**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: PD  
Name: WALTER, CHARLES  
Address: 18422 HERITAGE TRAIL  
City-St-Zip: STRONGSVILLE, OH 44136

I hereby 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 all other like empowered.

SIGNATURE: CHARLES WALTER

PD

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date