


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90021 014 ****70.00

DOCUMENT # N04000007212 1. Entity Name CARRIAGE HOMES II AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12601 WESTLINKS DR., #7 FORT MYERS, FL 33913	Mailing Address 12601 WESTLINKS DR., #7 FORT MYERS, FL 33913
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2. Principal Place of Business - No P.O. Box # 3050 Moody River Blvd	3. Mailing Address 3050 Moody River Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State N. Ft. Myers, FL	City & State N. Ft. Myers, FL
Zip 33903	Zip 33903
Country US	Country US

400500--



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 34-2032625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS, FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD NAME WEIDIG, FRED STREET ADDRESS 12601 WESTLINKS DR., #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Atkins, Maria STREET ADDRESS 3050 Moody River Blvd CITY-ST-ZIP N. Ft. Myers, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ATKINS, MARIA STREET ADDRESS 12601 WESTLINKS DR., #7 CITY-ST-ZIP FORT MYERS, FL 33913	<input type="checkbox"/> Delete	TITLE TD NAME Morgan, Laurie STREET ADDRESS 3050 Moody River Blvd CITY-ST-ZIP N. Ft. Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME SIEBERT, PEGGY STREET ADDRESS 13191 WESTLIND DR 7 CITY-ST-ZIP FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Rogers, Jon STREET ADDRESS 3050 Moody River Blvd CITY-ST-ZIP N. Ft. Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Atkins 2/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #