

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 23, 2008
Secretary of State

DOCUMENT# N04000007212

Entity Name: CARRIAGE HOMES II AT MOODY RIVER ESTATES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3050 MOODYRIVER BLVD
NORTH FORT MYERS, FL 33903**New Principal Place of Business:**3050 MOODY RIVER BLVD
NORTH FORT MYERS, FL 33903**Current Mailing Address:**3050 MOODYRIVER BLVD
NORTH FORT MYERS, FL 33903**New Mailing Address:**C/O SILVERCRESTED MANAGEMENT, LLC
P.O. BOX 1848
FORT MYERS, FL 33902**FEI Number:** 34-2032625**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
3446 MARINATOWN LANE
1ST FLOOR - 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

05/23/2008

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 WESTLINKS DR., #7
City-St-Zip: FORT MYERS, FL 33913

Title: SD () 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: PD (X) Change () Addition
Name: RICHELLE, FRANK
Address: 2809 SW 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VD (X) Change () Addition
Name: BROWNSTEIN, IVAN
Address: 9791 MAINSAIL CT
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change () Addition
Name: BILLY, RONALD
Address: 10642 HARRISON CT
City-St-Zip: ROSCOE, IL 61073

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: FRANK RICHELLE

PD

05/23/2008

Electronic Signature of Signing Officer or Director

Date