

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90021 047 ****61.25

| | | | |
|--|---|---|--|
| DOCUMENT # N04000010448 1. Entity Name CARRIAGE HOUSES AT GLENVIEW PROPERTY OWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | | Mailing Address 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | |
| 2. Principal Place of Business - No P.O. Box # 3152 WILLOW BROOK LN Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 135 Suite, Apt. #, etc. | |
| City & State The Villages FL | | City & State Oxford FL | |
| Zip 32162 | | Zip 34484 | |
| Country Sumter | | Country FL | |
| 4. FEI Number 20-1848998 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAGENBRUNNER, ERICK D 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | | 7. Name and Address of New Registered Agent Name ELENA CIMMINO Street Address (P.O. Box Number is Not Acceptable) 3152 WILLOW BROOK LN City The Villages FL Zip Code 32162 | |
| 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 ELENA CIMMINO SECRETARY/TREAS. <i>Elena Cimmino</i> 5-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small> | | | |
| <input checked="" type="checkbox"/> Filing Fee is \$61.25 Due by September 14, 2007 | | 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 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ERICSON, JOHN 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DZURO, MARTIN L 1071 CANAL STREET THE VILLAGES, FL 32162 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD THORNE, BOB 1020 LAKE SUMTER LANDING THE VILLAGES, FL 32162 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MARILYN DAVIS 3191 WILLOW BROOK LN THE VILLAGES FL 32162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ELENA CIMMINO 3152 WILLOW BROOK LN THE VILLAGES FL 32162 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <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: ELENA CIMMINO, SECRETARY <i>Elena Cimmino</i> 5-5-07 352-205-4307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |