

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90103 032 ****61.25

DOCUMENT # N05000001082



1. Entity Name

CARRIAGE POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2870 SCHERER DR N
SUITE 100
ST PETERSBURG FL 33716

2870 SCHERER DR N
SUITE 100
ST PETERSBURG FL 33716

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

STERLING mgmt

2870 SCHERER DR. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

ST. PETERSBURG FL

ST. PETERSBURG FL

Zip

Country

Zip

Country

33716

33716

1st MOORE

CR2E037 (10/06)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTERILL, RONALD E ESQ
1010 N FLORIDA
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME CACHON, MICHAEL
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Change ☒ Addition
NAME WALTER CHILDRESS
STREET ADDRESS 8125 TAR HOLLOW DR.
CITY-ST-ZIP GIBSON TON, FL 33534

TITLE STD ☒ Delete
NAME HOOTMAN, JOSEPH
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME EICHHOLT, DUSTY
STREET ADDRESS 600 N. WESTSHORE BLVD., STE 400
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael Cachon MICHAEL CACHON

4/26/07

813-901-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #