

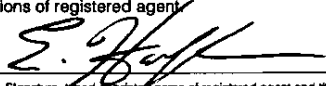
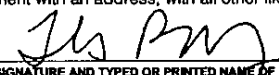


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2006 8:00 am**  
**Secretary of State**

06-01-2006 90002 039 \*\*\*\*61.25

<b>DOCUMENT # N05000005384</b> 1. Entity Name CARRIAGE WAY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4041 NW 37TH PL STE B GAINESVILLE, FL 32606				Mailing Address 4041 NW 37TH PL STE B GAINESVILLE, FL 32606	
2. Principal Place of Business 1731 NW 6th St Suite, Apt. #, etc. Ste A		3. Mailing Address 1731 NW 6th St Suite, Apt. #, etc. Ste A		50020162 	
City & State Gainesville FL		City & State Gainesville FL		4. FEI Number 20-2896152	
Zip 32609		Country Alaska		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  IVEY, RAYMOND M 4041 NW 37TH PL STE B GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name Ed Bann Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 1731 N.W. 6th Street Ste A City Gainesville FL Zip Code 32609	
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  Eugene C. Hawfler 5/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MCINTOSH, THOMAS P JR. 4041 NW 37TH PL STE B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, THOMAS P JR. 4041 NW 37TH PL STE B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  Thomas McIntosh 5-26-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					