

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 038 ****61.25

DOCUMENT # N05000005384

1. Entity Name
CARRIAGE WAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609**

Mailing Address
**1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609**

40043000



2. Principal Place of Business - No P.O. Box #
1731 NW 6TH STREET

3. Mailing Address
PO BOX 14506

Suite, Apt. #, etc.
SUITE A

Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State
GAINESVILLE FL

City & State
GAINESVILLE FL

4. FEI Number
20-2896152

Applied For
Not Applicable

Zip
32609

Country
ALACHUA

Zip
32604

Country
ALACHUA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ED BAUM MANAGEMENT INC.
1731 NW 6TH ST STE A
GAINESVILLE, FL 32609**

7. Name and Address of New Registered Agent

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]

3-8-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
MCINTOSH, THOMAS P JR.
4041 NW 37TH PL STE B
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCINTOSH, THOMAS P JR.
4041 NW 37TH PL STE B
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #