

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005384

FILED
Mar 27, 2009
Secretary of State

Entity Name: CARRIAGE WAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1731 NW 6TH ST
STE A
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14506
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 20-2896152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANGEMENT INC.
DBA FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH STREET, STE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

ED BAUR MANAGEMENT INC.
1731 NW 6TH STREET
STE. A
GAINESVILLE, FL 32609 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: HAL WHITTET

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUTENBERG, BARRY
Address: PO BOX 358080
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: BULLARD, BARRY
Address: 126 NW 76TH DR, STE A
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: GARRIDO, VICTOR
Address: 2128 NW 104TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: WATERS, TOMMY
Address: 5225 SW 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Change (X) Addition
Name: MANDEL, ED
Address: 4131 NW 13TH STREET #216
City-St-Zip: GAINESVILLE, FL 32609

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: BARRY RUTENBERG

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date