2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008516

FILED Feb 16, 2010 Secretary of State

Entity Name: CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

C/O A&N MANAGEMENT, INC. 902 CLINT MOORE ROAD, #110 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

C/O A& N MANAGEMENT, INC. 902 CLINT MOORE ROAD, #110 BOCA RATON, FL 33487

FEI Number: 20-3341821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHNER, LARRY J ESQ 750 DIXIE HIGHWAY BOCA RATON, FL 33432

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: CHICHETTI, JAMES

Address: 902 CLINT MOORE ROAD, #110 City-St-Zip: BOCA RATON, FL 33487

Title: 1-VP

Name: MICOCCI, MARCO

Address: 902 CLINT MOORE ROAD, #110 City-St-Zip: BOCA RATON, FL 33487

Title: 2-VP

Name: THOMAS, PHILLIP A

Address: 902 CLINT MOORE ROAD, #110 City-St-Zip: BOCA RATON, FL 33487

Title: TRES

Name: EDWARDS, THOMAS

Address: 902 CLINT MOORE ROAD, #110

City-St-Zip: BOCA RATON, FL 33487

Title: DIR

Name: SOCHACKI, SHARON
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: JAMES CHICHETTI PRES 02/16/2010