

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 29, 2012
Secretary of State

DOCUMENT# N05000008516

Entity Name: CARRIAGE POINTE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487**New Principal Place of Business:****Current Mailing Address:**C/O A&N MANAGEMENT, INC.
902 CLINT MOORE ROAD, #110
BOCA RATON, FL 33487**New Mailing Address:****FEI Number:** 20-3341821**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHNER, LARRY J ESQ
750 DIXIE HIGHWAY
BOCA RATON, FL 33432 US**Name and Address of New Registered Agent:**

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:**Title:** PRES
Name: WEBER, DAVE
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:** TRES
Name: EDWARDS, THOMAS
Address: 902 CLINT MOORE ROAD, #110
City-St-Zip: BOCA RATON, FL 33487**Title:** DIR
Name: MARSH, JAMES
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: DAVE WEBER

PRES

03/29/2012

Electronic Signature of Signing Officer or Director

Date