

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000031

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** CARRIAGE POINTE ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

6363 N.W. 6TH WAY STE 250  
FT LAUDEERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6363 N.W. 6TH WAY STE 250  
FT LAUDEERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 20-4043862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMON, ERIC A  
6363 N.W. 6TH WAY STE 250  
FT LAUDEERDALE, FL 33309 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: SHELLEY, ROBERT  
Address: 6363 NW 6TH WAY SUITE 250  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VST ( ) Change (X) Addition  
Name: VOLLER, CYNDI  
Address: 6363 NW 6TH WAY SUITE 250  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: V ( ) Change (X) Addition  
Name: SHELLEY, JASON  
Address: 6363 NW 6TH WAY SUITE 250  
City-St-Zip: FT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT SHELLEY

P

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date