

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000001867					
1. Entity Name CARRIAGE HOMES AT DUNWOODY COMMONS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business GREYSTONE MGMT 1936 LEE ROAD, STE 250 WINTER PARK, FL 32789 US			Mailing Address GREYSTONE MGMT 1936 LEE ROAD, STE 250 WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1754088	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARMSTRONG, JANICE C GREYSTONE MGMT 1936 LEE ROAD, STE 250 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME THOMSON, MARK D STREET ADDRESS 4901 VINELAND ROAD - STE 500 CITY-ST-ZIP ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE President NAME John J. McAuliffe STREET ADDRESS 5240 Maxon Terrace CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME COVELL, RICHARD STREET ADDRESS 4901 VINELAND ROAD - STE 500 CITY-ST-ZIP ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Janet Fox STREET ADDRESS 524 Hockendale Cove CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME CABERA, DIANA STREET ADDRESS 4901 VINELAND ROAD - STE 500 CITY-ST-ZIP ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Brenda Jo. Thomas STREET ADDRESS 508 Hockendale Cove CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="font-size: 2em; text-align: center;">\$74/2</div>	<input type="checkbox"/> Delete		TITLE Secretary NAME Juan Calderon STREET ADDRESS 5077 Maxon Terrace CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Director NAME Linda Cowels STREET ADDRESS 500 Hockendale Cove CITY-ST-ZIP Sanford FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>John J. McAuliffe</i> JOHN J. McAULIFFE <i>3/19/08</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03142008 Chg-NP CR2E037 (12/06)

4. FEI Number 16-1754088 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 PD
NAME THOMSON, MARK D
STREET ADDRESS 4901 VINELAND ROAD - STE 500
CITY-ST-ZIP ORLANDO, FL 32811

TITLE VPD
NAME COVELL, RICHARD
STREET ADDRESS 4901 VINELAND ROAD - STE 500
CITY-ST-ZIP ORLANDO, FL 32811

TITLE STD
NAME CABERA, DIANA
STREET ADDRESS 4901 VINELAND ROAD - STE 500
CITY-ST-ZIP ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME John J. McAuliffe
STREET ADDRESS 5240 Maxon Terrace
CITY-ST-ZIP Sanford FL 32771

TITLE Vice President
NAME Janet Fox
STREET ADDRESS 524 Hockendale Cove
CITY-ST-ZIP Sanford FL 32771

TITLE Treasurer
NAME Brenda Jo. Thomas
STREET ADDRESS 508 Hockendale Cove
CITY-ST-ZIP Sanford FL 32771

TITLE Secretary
NAME Juan Calderon
STREET ADDRESS 5077 Maxon Terrace
CITY-ST-ZIP Sanford FL 32771

TITLE Director
NAME Linda Cowels
STREET ADDRESS 500 Hockendale Cove
CITY-ST-ZIP Sanford FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: John J. McAuliffe JOHN J. McAULIFFE 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #