

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 04, 2008 8:00 A.M.
Secretary of State

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		4. FEI Number 16-1754088	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 P NAME MGAULIFFE, JOHN STREET ADDRESS 5240 MAXON TERRACE CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE VP NAME MOOTY, Paula STREET ADDRESS 421 Hilgard Cove CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FOX, JANET STREET ADDRESS 524 HOCKENDALE COVE CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE P NAME 200135970162 STREET ADDRESS 09/16/08--01022--001 CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME THOMAS, BRENDA JO STREET ADDRESS 508 HOCKENDALE COVE CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE T NAME Gene Dronoti Sr. STREET ADDRESS 5123 Maxon terrace CITY-ST-ZIP Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CALDERON, JUAN STREET ADDRESS 5077 MAXON TERRACE CITY-ST-ZIP SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COWELS, LINDA STREET ADDRESS 500 HOCKENDALE COVE CITY-ST-ZIP SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Mike Dempsey STREET ADDRESS 404 Hilgard Cove CITY-ST-ZIP Sanford, FL 32771.	<input checked="" type="checkbox"/> Change <input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7/27/08 Daytime Phone #: 407.947.6602		