

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2008
Secretary of State**

DOCUMENT# N06000002916

Entity Name: CARNEGIE HILLS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

93 E. KATHY LANE
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

93 E. KATHY LANE
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 20-5037525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIXON, STEVEN E
93 E. KATHY LANE
FREEPORT, FL 32439 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: PD () Delete
Name: MIXON, STEVEN E
Address: 93 E. KATHY LANE
City-St-Zip: FREEPORT, FL 32439

Title: VD () Delete
Name: LINGENFELTER, CHARLES
Address: 748 ST. JOHN COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: LINGENFELTER, SHERON
Address: 748 ST. JOHN COVE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: MIXON, PATRICIA G
Address: 93 E. KATHY LANE
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: LINGENFELTER, CHARLES
Address: 748 ST. JOHN COVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN E. MIXON

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date