

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002916

FILED  
Mar 27, 2009  
Secretary of State

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

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

PD

03/27/2009

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

\_\_\_\_\_  
Date