

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06749

FILED
Mar 28, 2012
Secretary of State

Entity Name: CARRIEDALE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

15646 CARRIEDALE LANE
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

C/O SUITOR, MIDDLETON, COX & ASSOCIATES
15751 SAN CARLOS BLVD. #8
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2772543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SUITOR, MIDDLETON, COX & ASSOCIATES
15751 SAN CARLOS BLVD #8
FORT MYERS, FL 33908 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: D
Name: ALLU, MARSHALL
Address: 470 DRESHERTOWN RD
City-St-Zip: FT WASHINGTON, PA 19034

Title: D
Name: JACKSON, PARK
Address: 15679 CARRIEDALE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: S/T
Name: WINDERL, C
Address: PO BOX 889
City-St-Zip: LANCASTER, OH 43130

Title: P
Name: PHILLIPS, LARRY
Address: 5372 CEDARDALE DR
City-St-Zip: WEST BEND, WI 53095

Title: D
Name: AVISCHIOUS, ART
Address: 15685 CARRIEDALE LANE
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: BRENDL, ROBERT
Address: 15626 CARRIDALE LANE #2
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: C R MIDDLETON

MGR

03/28/2012

Electronic Signature of Signing Officer or Director

_____ Date