

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16283

FILED
Feb 26, 2006
Secretary of State

Entity Name: CARRIAGE OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 71
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 71
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2934929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARRON, RAY
1409 CARRIAGE OAK COURT
OCOEE, FL 34761 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: P () Delete
Name: CHARRON, RAY
Address: 1409 CARRIAGE OAK CT.
City-St-Zip: OCOEE, FL 34761

Title: T () Delete
Name: CORNELL, PAT
Address: 1426 CARRIAGE OAK CT.
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: FLANAGAN, MICHELLE
Address: 1407 CARRIAGE OAK CT
City-St-Zip: OCOEE, FL 34761

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA CORNELL

T

02/26/2006

Electronic Signature of Signing Officer or Director

Date