


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90013 007 ****61.25

DOCUMENT # N16283					
1. Entity Name CARRIAGE OAKS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1407 CARRIAGE OAK COURT OCOE, FL 34761 US			Mailing Address PO BOX 71 OCOE, FL 34761 US		
2. Principal Place of Business - No P.O. Box # SAME AS ABOVE			3. Mailing Address SAME AS ABOVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2934929	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FLANAGAN, MICHELLE 1407 CARRIAGE OAK COURT OCOE, FL 34761				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 <i>Patricia Cornell</i> Signature, typed or printed name of registered agent and title if applicable.				DATE <i>7/14/08</i> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	FLANAGAN, MICHELLE	1407 CARRIAGE OAK CT.	OCOE, FL 34761		
	CORNELL, PAT	1426 CARRIAGE OAK CT.	OCOE, FL 34761		
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: <i>Patricia Cornell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <i>7/14/08</i> Daytime Phone # <i>407-296-3101</i>	

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PATRICIA CORNELL