2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State
03-16-2005 90026 005 ****61.25

DOCUMENT # N16987

1. Entity Name
CARRIAGE COURT TOWNHOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 033153 INDIALANTIC, FL 32903	P O BOX 033153 INDIALANTIC, FL 32903

01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2938839
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEYL, WILLIAM Danta Nistico
2400 CARRIAGE COURT 2407 Carriage Ct
INDIALANTIC, FL 32903 Indialantic Fl
32903

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP Pres.
NAME	HEYL, WILLIAM Danta Nistico
STREET ADDRESS	2400 CARRIAGE COURT 2407 Carriage Ct.
CITY-ST-ZIP	INDIALANTIC, FL 32903 Indialantic Fl. 32903
TITLE	STD VP
NAME	BECK, SHELIA Barry Ebert
STREET ADDRESS	2430 CARRIAGE COURT 2418 Carriage Ct
CITY-ST-ZIP	INDIALANTIC, FL 32903 Indialantic, Fl 32903
TITLE	P Treas
NAME	SANZONE, BARBARA Candy Vacchiano
STREET ADDRESS	CARRIAGE COURT 2406 Carriage Ct
CITY-ST-ZIP	INDIALANTIC, FL 32903 Indialantic Fl 32903
TITLE	S Sec.
NAME	WATERS, LORRAINE Hedy Rousseau
STREET ADDRESS	2431 CARRIAGE COURT 2431 Carriage Ct
CITY-ST-ZIP	INDIALANTIC, FL 32903 Indialantic, Fl 32903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #