


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

02-09-2006 90026 013 ****61.25

DOCUMENT # N16987					
1. Entity Name CARRIAGE COURT TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business P O BOX 033153 INDIALANTIC, FL 32903			Mailing Address P O BOX 033153 INDIALANTIC, FL 32903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2938839	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NISTICO, DANTA 2407 CARRIAGE CT INDIALANTIC, FL 32903				BARRY A. EBERT Optima Realty 1800 South Harbor City Blvd. Suite 232 Melbourne, FL 32901	
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: <u><i>Barry A. Ebert</i></u> , BARRY A. EBERT 3/15/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PRES	<input checked="" type="checkbox"/> Delete	TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISTICO, DANTA		NAME	Barry Ebert	
STREET ADDRESS	2407 CARRIAGE CT		STREET ADDRESS	2418 Carriage Ct.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERT, BARRY		NAME	Bill Heyl	
STREET ADDRESS	2418 CARRIAGE CT		STREET ADDRESS	2400 Carriage Ct.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	TRES	<input checked="" type="checkbox"/> Delete	TITLE	TRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACCHIANO, CANDY		NAME	Hedy Panoules	
STREET ADDRESS	2408 CARRIAGE CT		STREET ADDRESS	2437 Carriage Ct.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENOUSES, HEDY		NAME	Lorraine Waters	
STREET ADDRESS	2437 CARRIAGE CT		STREET ADDRESS	2461 Carriage Ct.	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rusty Coome	
STREET ADDRESS			STREET ADDRESS	2443 Carriage Ct. Bldg F	
CITY-ST-ZIP			CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Barry A. Ebert</i></u> 3/15/06 321-676-3202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

66005933



02012006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66005933

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

CARRIAGE COURT TOWNHOMES ASSOCIATION, INC.
P O BOX 033153
INDIALANTIC, FL 32903

Subject: CARRIAGE COURT TOWNHOMES ASSOCIATION, INC.

Reference Number:

N16987

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION