

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90049 050 ****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 - No P.O. Box # 2400 Carriage Ct Suite, Apt. #, etc.		3. Mailing Address 2625 N. Harbor City Blvd Suite, Apt. #, etc.	
City & State Indialantic FL		City & State Melbourne, FL	
Zip 32903	Country U.S	Zip 32935	Country US
4. FEI Number 59-2938839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBERT, BARRY A OPTIMA REALTY 1900 S HARBOR CITY BLVD STE 232 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME EBERT, BARRY STREET ADDRESS 2418 CARRIAGE CT CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME HEYL, BILL STREET ADDRESS 2400 CARRIAGE CT CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE VP NAME DAY, DAVID STREET ADDRESS 2400 Carriage Ct CITY-ST-ZIP Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TRES NAME PANOUSES, HEDY STREET ADDRESS 2437 CARRIAGE CT CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE T NAME Steele, Helen STREET ADDRESS 2442 Carriage Ct CITY-ST-ZIP Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SEC NAME WATERS, LORRAINE STREET ADDRESS 2461 CARRIAGE CT CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete	TITLE S NAME Nastico, Tori STREET ADDRESS 2407 Carriage Ct CITY-ST-ZIP Indialantic FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME COOKE, RUSTY STREET ADDRESS 2443 CARRIAGE CT BLDG F CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/3/07	
Daytime Phone #		321-676-3202	