2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16987

FILED Feb 18, 2009 Secretary of State

Entity Name: CARRIAGE COURT TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2400 CARRIAGE CT INDIALANTIC, FL 32903 **Current Mailing Address: New Mailing Address:** 2625 N HARBOR CITY BLVD SUITE 2 MELBOURNE, FL 32935 FEI Number: 59-2938839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EBERT, BARRY A **OPTIMA REALTY** 1900 S HARBOR CITY BLVD STE 232 MELBOURNE, FL 32901 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition EBERT, BARRY Name: Name: 2418 CARRIAGE CT Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: Title: () Change () Addition () Delete Name: DAY, DAVID Name: Address: 2400 CARRIAGE CT Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: (X) Change () Addition STEELE, HELEN STEELE, HELEN Name: Name: 2442 CARRIAGE CT 2442 CARRIAGE CT Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: (X) Change () Addition Name: MORSE, AMY Name: TO, RONALD 2407 CARRIAGE CT 2436 CARRIAGE COURT Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: (X) Change () Addition COOKE, RUSTY COOKE, RUSTY Name: Name: 2443 CARRIAGE CT BLDG F 2401 CARRIAGE CT BLDG F Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify 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: BARRY EBERT **PRES** 02/18/2009