


2005-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2005 08:00 AM
Secretary of State

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|---|---------|---|---------|
| DOCUMENT # N28084 | |  | |
| 1. Entity Name THE CARRIAGE HOMES AT THE CROSSINGS OF BONITA BAY CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 27800 OLD 41 RD BONITA SPRINGS FL 34135 US | | Mailing Address 27800 OLD 41 RD BONITA SPRINGS FL 34135 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/04)

| | | | |
|--|--|--|--|
| 4. FEI Number 65-0119662 | | 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 BACHMAN, ROBERT 27800 OLD 41 RD BONITA SPRINGS FL 34135 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$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 | PD VACCA, FRANK 3300 CROSSINGS COURT # 32 BONITA SPRINGS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000320742 04/21/05-80051-005 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD UHLIG, SUSAN 3260 CROSSINGS COURT, #14 BONITA SPRINGS FL 34134 <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 | VD HAKES, DAVIS 3280 CROSSINGS CT #23 BONITA SPRINGS FL 34134 <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 |
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| 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 exemption stated in Section 119.07(3)(f), 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: FRANK J. VACCA - PRES 4-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #