## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90256 029 \*\*\*\*61.25

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1. Entity Name

THE CARRIAGE HOMES AT THE CROSSINGS OF BONITA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address 40077146 27800 OLD 41 RD 27800 OLD 41 RD BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 211 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEł Number Applied For 65-0119662 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 RD BONITA SPRINGS, FL 34135 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change ☐ Addition VACCA, FRANK NAME NAME 3300 CROSSINGS COURT # 32 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL CITY-ST-ZIP TITLE STD Detete TITLE ☐ Change ☐ Addition UHLIG, SUSAN NAME NAME 3260 CROSSINGS COURT, #14 STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Delete TITLE ☐ Change ☐ Addition HAKES, DAVIS NAME NAME STREET ADDRESS STREET ADDRESS 3280 CROSSINGS CT #23 CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/19/01

Daytime Phone #

☐ Change

☐ Addition