


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90022 001 \*\*\*\*61.25

<b>DOCUMENT # N30871</b>	
1. Entity Name <b>CARRIAGE CIRCLE OF NAPLES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3147 CARRIAGE CIRCLE NAPLES, FL 34105 US</b>	Mailing Address <b>3147 CARRIAGE CIRCLE NAPLES, FL 34105 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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01132008 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>65-0190685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STARKWEATHER, DAVID 3177 CARRIAGE CIR. NAPLES, FL 34105</b>	
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7. Name and Address of New Registered Agent Name <b>JUDITH MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3169 CARRIAGE CIRCLE</b> City <b>NAPLES</b> FL Zip Code <b>34105</b>	
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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 *Judith Michael, President* 1/14/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PORTER, DENISE 3189 CARRIAGE CIR. NAPLES, FL 34105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STARKEATHER, DAVID 3177 CARRIAGE CIR NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHOTWELL, HENLEY 3198 CARRIAGE CIRCLE NAPLES, FL 34105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRAFACE, JOSEPH 3217 CARRIAGE CIRCLE NAPLES, FL 34105</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JUDITH MICHAEL 3169 CARRIAGE CIRCLE NAPLES, FL 34105</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY SANDRA LANGLEY 3131 CARRIAGE CIRCLE NAPLES, FL 34105</b> <input checked="" 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: *Judith Michael President* 1/14/08 239-649-5732  
Signature and typed or printed name of signing officer or director Date Daytime Phone #