2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N30871

1. Entity Name



FILED Jan 16, 2008 8:00 am Secretary of State 01-16-2008 90022 001 ****61.25

Principal Place of Business	CARRIAGE CIRCLE OF NAPLES HOMEOWNERS ASSOCIATION, INC.								
Sump. April #, etc. Sump. Apr	3147 CARRIAGE CIRCLE 3147 CARRIAGE CIRCLE			s		1916) 1819) 1828) 1816 1817) 8187) 1816)	PISTO EISTI STON	1981 BE (888)	
City & State Ci	2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Second Second Sec	Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037	(12/06)		
S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent 8. Streek Address of Now Registered Agent 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the familiar with, and accept the obligation of regi	City & Stati	е	City & State			5			
STARKWEATHER, DAVID 3177 CARRIAGE CIR. NAPLES, FL 34105 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 Fondia. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SUBMIT FOR 1998 FILING Fee its 341.25 THING Fee its 341.25 THE SUBMIT FOR 1998 PORTER, DENISE THE PORTER, DENISE THE STARKBATHER, DAVID THE NAME SIRET ANDRESS THE STARKBATHER, DAVID THE NAME STRETAGE CIR. SIRET ANDRESS THE STARKBATHER, DAVID THE NAME STRETAGE CIR. SIRET ANDRESS SIRET ANDRESS	Zip	Country	Zip	Country	5. Certificate of Sta				
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STREET ADDRESS STREET ADDRESS					11				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE	3177 CARRIAGE ĆIR.				Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	NAPLES, FL 34105			316	169 CARRIAGECIRCLE				
SIGNATURE Signature Decided personal part of imperiored agent Decided Decided					City NAPLES FL Zip Code 34105				
Filling Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. S.5.00 May Be Added to Fee K payable to Florida Department of State		•	x the purpose of changing its re	gistered office or regi	stered agent, or both, in t	he State of Florida. I am fan	miliar with, a	and accept	
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ITILE PORTIER, DENISE STREET ADDRESS 3189 CARRIAGE CIR. MAKE STREET ADDRESS 3189 CARRIAGE CIR. MAKE STREET ADDRESS STR	SIGNATURE Audith Michael , Production (NOTE: Registered Agent agriculture required when remazating) July 108 DATE								
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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: