2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N30871

Entity Name: CARRIAGE CIRCLE OF NAPLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3147 CARRIAGE CIRCLE
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

3147 CARRIAGE CIRCLE
NAPLES, FL 34105 US

New Mailing Address:

FEI Number: 65-0190685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL, JUDITH
3169 CARRIAGE CIR
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	PORTER, DENISE	
Address:	3189 CARRIAGE CIR.	
City-St-Zip:	NAPLES, FL 34105	
Title:	D	( ) Delete
Name:	SHOTWELL, HENLEY	
Address:	3198 CARRIAGE CIRCLE	
City-St-Zip:	NAPLES, FL 34105	
Title:	T	( ) Delete
Name:	STRAFACE, JOSEPH	
Address:	3217 CARRIAGE CIRCLE	
City-St-Zip:	NAPLES, FL 34105	
Title:	P	( ) Delete
Name:	MICHAEL, JUDITH	
Address:	3169 CARRIAGE CIR	
City-St-Zip:	NAPLES, FL 34105	
Title:	S	( ) Delete
Name:	LANGLEY, SANDRA	
Address:	3137 CARRIAGE CIR	
City-St-Zip:	NAPLES, FL 34105	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JUDITH MICHAEL PRES 01/19/2009

Electronic Signature of Signing Officer or Director — Date