

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30871

FILED  
Jan 25, 2012  
Secretary of State

**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:**

PORTER, LARRY JR  
3189 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: TREA  
Name: FIX, JAMES  
Address: 3189 CARRIAGE CIR.  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: PROCTOR, RANDY  
Address: 3125 CARRIAGE CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: SECT  
Name: KELLY, DEANNA  
Address: 3166 CARRIAGE CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: P  
Name: LARRY, PORTER JR  
Address: 3189 CARRIAGE CIRCLE  
City-St-Zip: NAPLES, FL 34105

Title: VP  
Name: MORRIS, LINDA  
Address: 3209 CARRIAGE CIRCLE  
City-St-Zip: NAPLES, FL 34105

I hereby 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 all other like empowered.

SIGNATURE: JAMES E.FIX

TREA

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date