

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90091 018 ****61.25

DOCUMENT # N31252

1. Entity Name
CARRIAGE GATE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3998 SNOWY EGRET DRIVE
MELBOURNE, FL 32904 US**

Mailing Address
**3998 SNOWY EGRET DRIVE
MELBOURNE, FL 32904 US**

60025003



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2997677

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVINE, JAY S
2500 NORTH MILITARY TRAIL
SUITE 490
BOCA RATON, FL 33410**

Name **Andrew Waterman**

Street Address (P.O. Box Number is Not Acceptable)

3885 Peacock Drive

City **Melbourne**

FL Zip Code **32904**

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]

Andrew Waterman President

2/24/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **WILSON, EDWARD M**
STREET ADDRESS **3643 CARRIAGE GATE DRIVE**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **VD** ☐ Change ☒ Addition
NAME **GASKINS, MARC**
STREET ADDRESS **3663 Meadowlark Way**
CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **PD** ☒ Delete
NAME **O'ROURKE, BRIAN M**
STREET ADDRESS **3948 SNOWY EGRET DRIVE**
CITY-ST-ZIP **WEST MELBOURNE, FL 32904**

TITLE **VD** ☐ Change ☒ Addition
NAME **SHAW, LILLIAN**
STREET ADDRESS **4000 Snowy Egret Drive**
CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **TD** ☒ Delete
NAME **DUNCAN, LEONARD E**
STREET ADDRESS **3972 SNOWY EGRET DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **SD** ☐ Change ☒ Addition
NAME **LEONARD, PAUL A.**
STREET ADDRESS **4048 Snowy Egret Drive**
CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **VD** ☐ Delete
NAME **WATERMAN, ANDREW**
STREET ADDRESS **3885 PEACOCK DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE **PD** ☒ Change ☐ Addition
NAME **WATERMAN, ANDREW**
STREET ADDRESS **3885 Peacock Drive**
CITY-ST-ZIP **Melbourne, FL 32904**

TITLE **SD** ☒ Delete
NAME **RUANO, JUSTIN**
STREET ADDRESS **4039 SNOWY EGRET DRIVE**
CITY-ST-ZIP **MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Waterman

February 24, 2007 321-544-5555

Date Daytime Phone