

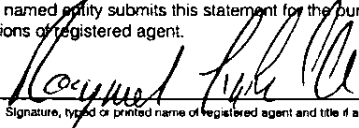
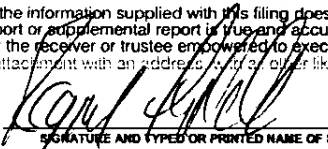


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 005 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2997677	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WATERMAN, ANDREW 3885 PEACOCK DR. MELBOURNE, FL 32904			7. Name and Address of New Registered Agent Name RAYMOND LAROCHELLE Street Address (P.O. Box Number is Not Acceptable) 3880 PEACOCK DR 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Ray Larochelle <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 3-6-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASKINS, MARC 3663 MEADOWLARK WAY WEST MELBOURNE, FL 32904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAW, LILLIAN 4000 SNOWY EGRET DR. WEST MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	PD SMITH, JEFF 3741 PEACOCK DR MELBOURNE FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARD, PAUL A 4048 SNOWY EGRET DR. MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	SD TRAYNHAM, PAUL 3857 PEACOCK DR MELBOURNE FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATERMAN, ANDREW 3885 PEACOCK DRIVE MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TD LAROCHELLE, RAY 3880 PEACOCK DR MELBOURNE FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		VD SEGALLIS, GREG 4036 SNOWY EGRET DR MELBOURNE FL 32904	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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, or I am a duly authorized representative of the corporation, changed, or on an attachment with an address, or on a power of attorney.					
SIGNATURE: 		Ray Larochelle		Date 3-6-08	Daytime Phone # 321-984-1052