

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31680

FILED
Apr 04, 2007
Secretary of State

Entity Name: CARRINGTON WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

SENTRY MANAGEMENT, INC.
2180 W. SR 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2954222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W. SR 434
SUITE 5000
LONGWOOD, FL 32779 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: PD (X) Delete
Name: COLE, BRUCE
Address: 1563 CARRINGTON AVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VPD () Delete
Name: WILEY, MARY
Address: 1627 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD () Delete
Name: HINTZ, DOUG
Address: 1635 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WILEY, MARY
Address: 1627 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VSTD (X) Change () Addition
Name: HINTZ, DOUG
Address: 1635 TIVERTON ST
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY WILEY

PD

04/04/2007

Electronic Signature of Signing Officer or Director

Date