2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# N36630

Entity Name: CARRIAGE CROSSING ASSOCIATION, INC.

Current Principal Place of Business:

12058 SAN JOSE BLVD.
STE 904
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260 US

New Mailing Address:

FEI Number: 59-2999021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
STE 904
JACKSONVILLE, FL 32223 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: P
Name: CRAIG, CHEIKY
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP
Name: CLINE, THERESA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S
Name: HALE, CHRIS
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T
Name: HILL, ANDREA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: AMIS, LINDA
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: D
Name: BANNISTER, DEBORAH
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: CRAIG CHEIKY P 04/19/2012

Electronic Signature of Signing Officer or Director Date