FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:08

DOCUMENT # N37959 (6)

1. Corporation Name
THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 COLLINS AVENUE MIAMI BEACH FL 33140	5401 COLLINS AVENUE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0194650 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PROPERTY MANAGEMENT SERVICES, CORP.
8299 CORAL WAY
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☑ Change ☐ Addition
NAME	MOYA, REINALDO	1.2 NAME	WALTER SCHREUZER
STREET ADDRESS	2206 SW 138TH AVE	1.3 STREET ADDRESS	5401 COLLINS AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	VD	2.1 TITLE	VD RAFAEL GARCIA ☑ Change ☐ Addition
NAME	SOUTO, ARMANDO	2.2 NAME	
STREET ADDRESS	1812 SW 124 PL	2.3 STREET ADDRESS	10830 SW 136 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	SD	3.1 TITLE	SD STANLEY M. BLOOM ☑ Change ☐ Addition
NAME	VILLALON, GEORGE	3.2 NAME	
STREET ADDRESS	5401 COLLINS AVE, #534	3.3 STREET ADDRESS	5401 COLLINS AVE #1220-22
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	4.1 TITLE	D MATT FRANCES ☑ Change ☐ Addition
NAME	GARCIA, RAFAEL	4.2 NAME	
STREET ADDRESS	10830 SW 136TH ST	4.3 STREET ADDRESS	9641 W. CALUSA CLUB DR.
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	D	5.1 TITLE	D CRISTINA ESCOBAR ASST TREAS. ☑ Change ☐ Addition
NAME	BACON, STEPHEN	5.2 NAME	
STREET ADDRESS	5401 COLLINS AVE, PH1	5.3 STREET ADDRESS	5401 COLLINS AVE #1524
CITY-ST-ZIP	MIAMI BE	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stanley M. Bloom
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0048148