FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 02/16/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	DT	☐ Change ☒ Addition
NAME	SCHRENZEL, WALTER		1.2 NAME	TREASURER STEWART G. HARRIS	
STREET ADDRESS	5401 COLLINS AVE		1.3 STREET ADDRESS	5401 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VD	☐ DELETE	2.1 TITLE	DAT	☐ Change ☒ Addition
NAME	GARCIA, RAFAEL		2.2 NAME	ASST. TREASURER NORMAN MOREJON	
STREET ADDRESS	10830 SW 136TH ST		2.3 STREET ADDRESS	13300 SW 49 ST.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM, STANLEY M		3.2 NAME		
STREET ADDRESS	5401 COLLINS AVE #1220-22		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRANCES, MATT		4.2 NAME		
STREET ADDRESS	9641 W CALUSA CLUB DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DAT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ESCOBAR, CRISTINA		5.2 NAME		
STREET ADDRESS	5401 COLLINS AVE #1524		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: X Stanley M. Bloom — 3/1/96 — 305-861-7496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #