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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

119581-90085-14

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37959			
1. Corporation Name THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5401 COLLINS AVENUE MIAMI BEACH FL 33140		Mailing Address 5401 COLLINS AVENUE MIAMI BEACH FL 33140	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 04/30/1990		4. FEI Number 65-0194650	
5. Certificate of Status Desired ☐		8. Election Campaign Financing Trust Fund Contribution ☐	
8.75 Additional Fee Required		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PROPERTY MANAGEMENT SERVICES, CORP. 8209 CORAL WAY MIAMI FL 33155		10. Name and Address of New Registered Agent	
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.		12. SIGNATURE Signature, typed or printed name of registered agent and this is applicable (NOTE: Registered Agent signature required when re-registering)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP	
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10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP	
11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP	
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16.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP	
17.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP	
18.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP	
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92.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		92.1 TITLE 92.2 NAME 92.3 STREET ADDRESS 92.4 CITY-ST-ZIP	
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100.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		100.1 TITLE 100.2 NAME 100.3 STREET ADDRESS 100.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley M. Bloom 3/17/99 305 861 5401

Date

Daytime Phone #

CR2E037 (1/98)