

FILED
Aug 12, 2004 8:00 am
Secretary of State

07-30-2004 90002 035 ****70.00

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N37959			
1. Entity Name THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5401 COLLINS AVENUE ATTN: MAIN OFFICE MIAMI BEACH, FL 33140		Mailing Address 5401 COLLINS AVENUE ATTN: MAIN OFFICE MIAMI BEACH, FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0194650		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. C/O HELIO DE LA TORRE, ESQ. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCO, LUIS 5401 COLLINS AVE, MANAGERS OFFICE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LUIS BLANCO 5401 COLLINS AVE MIAMI BEACH, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, MARIA 5401 COLLINS AVE ATTN: MGR OFFICE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA SUAREZ 5401 COLLINS AVE MIAMI BEACH, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALUM, HENRY E 5401 COLLINS AVE ATT: MGR OFFICE MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HENRY SALUM 5401 COLLINS AVE MIAMI BEACH, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, LUIS 5401 COLLINS AVE ATT: MGR OFFICE MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE GAGE 5401 COLLINS AVE MIAMI BEACH, FL 33140 ☒ Change ☒ Addition (TREASURER)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, ASHER 5401 COLLINS AVE MANAGERS OFFICE MIAMI, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RUBIN ASHER 5401 COLLINS AVE MIAMI BEACH, FL 33140 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: (305) 868-9699	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	