

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90327 040 ****61.25

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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BLANCO, LUIS		NAME		
STREET ADDRESS	5401 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	SURENZEL, WALTER		NAME	SECRETARY SCHRENZEL, WALTER	
STREET ADDRESS	5401 COLLINS AVE		STREET ADDRESS	5401 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AVILA, FERNANDO		NAME		
STREET ADDRESS	5401 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GAGE, GEORGE		NAME		
STREET ADDRESS	5401 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUBIN, ASHER		NAME		
STREET ADDRESS	5401 COLLINS AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33140		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 6-28-06 Daytime Phone # _____		