2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N37959

Entity Name: THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5401 COLLINS AVENUE
ATTN: MANAGEMENT OFFICE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5401 COLLINS AVENUE
ATTN: MANAGEMENT OFFICE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0194650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUEVAS & ORTIZ, P.A.
C/O ANDREW CUEVAS, ESQ.
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P T ( ) Delete
Name: GAGE, GEORGE E
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: COLON, JOSEPH
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: AVILA, FERNANDO
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete
Name: RUBIN, ASHER
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Delete
Name: SNYDER, CLINTON
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SNYDER, CLINTON
Address: 5401 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E GAGE P T 01/24/2008
Electronic Signature of Signing Officer or Director Date