

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 050 ****61.25

DOCUMENT # N 37959	
1. Entity Name THE CARRIAGE HOUSE CONDOMINIUM ASSOCIATION, INC.	

DO NOT WRITE IN THIS SPACE

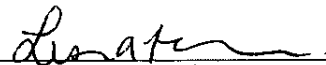
60046751

2. Principal Place of Business 5401 COLLINS AVENUE Suite, Apt. #, etc. MANAGEMENT OFFICE		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI BEACH, FLORIDA		City & State	
Zip 33140	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0194650		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, STE 1102 City CORAL GABLES FL Zip Code 33134		

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  **LISA A. LERNER, SECRETARY** **8/14/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chana Perl, President 5401 Collins Avenue Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Rocha, Vice President 5401 Collins Avenue Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mehren R. Karbassion, Treasurer 5401 Collins Avenue Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter Schrenzel, Secretary 5401 Collins Avenue Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jorge I. Llapur, Director 5401 Collins Avenue Miami Beach, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **SECRETARY** **8/20/08** **305.861.5401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)