

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37959

FILED
Jan 22, 2009
Secretary of State

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:

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
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 () Delete
Name: PERL, CHANA
Address: 5401 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: T () Delete
Name: KARBASSION, MEHRON R
Address: 5401 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: D () Delete
Name: LLAPUR, JORGE I
Address: 5401 COLLINS AVE.
City-St-Zip: MIAMI BEACH, 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: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALTER SCHRENZEL

S

01/22/2009

Electronic Signature of Signing Officer or Director

Date