

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37959

FILED  
Feb 02, 2011  
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:**

KOBRIN, DAVID A  
8900 SW 107 AVE.  
SUITE 206  
MIAMI, FL 33176 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  
Name: PERL, CHANA  
Address: 5401 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL 33140

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

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

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

Title: D  
Name: LARRAURI, OSCAR A  
Address: 5401 COLLINS AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: CHANA PERL

P

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date