Applied For Not Applicable

4. FEI Number 65-0194650

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

SIGNATURE

Mailing Address

5401 COLLINS AVENUE ATTN: MAIN OFFICE MIAMI BEACH FL 33140

. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		
City & State	ţ	City & State			
Zip	Country	Zip	Country		

03 SEP -3 PM 2:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

	Country			ntry 	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
SKRLD, INC. C/O HELIO DE LA TORRE, ESQ. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134				Name Street Address (P.O. Box Number is Not Acceptable)				
				City		. ~:		

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

"FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

	10, 000, 11111 1111 00 0000120			Added to rees	Fiorida Depa	rtment of	State
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND (DIRECTORS IN	10
TITLE NAME STREET ADDRESS	PD FRASCARELLI, LUIS 5401 COLLINS AVE, MANAGERS OFFICE	Delete	TITLE NAME STREET ADDRESS	PRESIDENT LUIS BLANCO SHOLCOLLINS AVE		Change	Addition
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL			
NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, MARIA 5401 COLLINS AVE ATTN: MGR OFFICE MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 000 09/02/03	227006 -01047015	Change 13 **81.25	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALUM, HENRY E 5401_COLLINS_AVE_ATT: MGR_OFFICE MIAMI_BEACH_FL_33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same		Change	Addition
NAME STREET ADDRESS	D Blanco, Luis 5401 Collins ave att: MGR office	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME	D D D D D D D D D D D D D D D D D D D	☐ Delete	CITY-ST-ZIP TITLE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	RUBIN, ASHER 5401 COLLINS AVE MANAGERS OFFICE MIAMI FL 33140		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED