

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38159

FILED
Jan 29, 2009
Secretary of State

Entity Name: CAROLWOOD ESTATES NO. 6 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 410952
MELBOURNE, FL 32941

New Principal Place of Business:

4130 CAREYWOOD DRIVE
MELBOURNE, FL 32934

Current Mailing Address:

P.O. BOX 410952
MELBOURNE, FL 32941

New Mailing Address:

FEI Number: 59-3123251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POWERS, LISA
4210 CAREYWOOD DRIVE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

FORTMAN, TRACY
4130 CAREYWOOD DRIVE
MELBOURNE, FL 32934 US

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: TRACY FORTMAN

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWRENCE, WALTER
Address: 4065 JANEWOOD LANE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LAMB, SCOTT
Address: 4251 CAREYWOOD DR
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: COURTNEY, JOHN
Address: 4101 CAREY WOOD M
City-St-Zip: MELBOURNE, FL 32934

Title: TD () Delete
Name: POWERS, LISA
Address: 4210 CAREY WOOD DR
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Delete
Name: FORTMAN, ED
Address: 4130 CAREYWOOD DR
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEBER, TERRY
Address: 4075 JANEWOOD LANE
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Change () Addition
Name: FORTMAN, ED
Address: 4130 CAREYWOOD DR
City-St-Zip: MELBOURNE, FL 32934

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

Title: TD (X) Change () Addition
Name: FORTMAN, TRACY
Address: 4130 CAREY WOOD DR
City-St-Zip: MELBOURNE, FL 32934

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: TRACY FORTMAN

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date