2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N38412

Entity Name: CARRIAGE HILL OF CUTTER SOUND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

955 SE FED. HWY
#202
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

955 SE FED. HWY
#202
STUART, FL 34994 US

New Mailing Address:

FEI Number: 65-0327711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICES OF CORNETT, GOOGE & ASSOCIATES
401 E. OSCEOLA ST.
STUART, FL 34994 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: DP ( ) Delete
Name: SIME, GREG
Address: 2391 SW CARRIAGE HILL TER, #101
City-St-Zip: PALM CITY, FL 34990

Title: DVP ( ) Delete
Name: DWIN, HAROLD
Address: 2391 SW CARRIAGE HILL TER, #106
City-St-Zip: PALM CITY, FL 34990

Title: DT ( ) Delete
Name: RIZZO, DONALD
Address: 2391 SW CARRIAGE HILL TER, #202
City-St-Zip: PALM CITY, FL 34990

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:

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: SUZIE BUTLER LCAM 04/18/2009

Electronic Signature of Signing Officer or Director — Date