

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50099 (3)
1. Corporation Name
CARRIAGE HILLS HOMEOWNERS ASSOCIATION, INC. OF PENSACOLA



Principal Place of Business
**2603 TOMLINSON RD
PENSACOLA FL 32526
US**

Mailing Address
**2603 TOMLINSON RD
PENSACOLA FL 32526
US**

3. Date Incorporated or Qualified
07/28/1992

3a. Date of Last Report
02/13/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

**GOODRICH, KENNETH W
2603 TOMLINSON RD
PENSACOLA FL 32526**

10. Name and Address of New Registered Agent

81 Name **McKinley, Melvin M. Treasurer**

82 Street Address (P.O. Box Number is Not Acceptable)
2039 Colony Road

83

84 City **Pensacola** **FL** 85 Zip Code **32526**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Melvin M. McKinley** **Melvin M. McKinley Treasurer** **Feb. 6 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, ELEANOR G	1.2 NAME	Hess, Eleanor G.
STREET ADDRESS	5410 TOMLINSON ROAD	1.3 STREET ADDRESS	5410 Tomlinson Road
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola FL 32526
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRONISTER, EARL	2.2 NAME	
STREET ADDRESS	5623 ESPARANTO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASDEN, BLANCHE	3.2 NAME	
STREET ADDRESS	2006 COLONY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, CHARLES D	4.2 NAME	
STREET ADDRESS	2030 COLONY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, PAUL	5.2 NAME	Levy, Paul
STREET ADDRESS	2541 TOMLINSON RD.	5.3 STREET ADDRESS	2541 Tomlinson Rd.
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	Pensacola FL 32526
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LILLIAN	6.2 NAME	
STREET ADDRESS	2541 TOMLINSON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Melvin M. McKinley** **Melvin M. McKinley Treasurer** **Feb 6, 1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **904.452.7071**

CR2E037 (12/95)