FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N50099

CARRIAGE HILLS HOMEOWNERS ASSOCIATION, INC. OF P **ENSACOLA**

Principal Place of Business
5410 TOMLINSON RD
PENSACOLA FL 32526
US

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

5410 TOMLINSON RD PENSACOLA FL 32526

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90030 049 ****62.25

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3. Date Incorporated or Qualifed

4. FEI Number
NOT APPLICABLE

07/28/1992

City & State	e	City & Star	te			5. Certificate of S	Status Desired		•	Additional
23	. <u> </u>	28							Fee F	dequired
Zip	Country	Zip	Zip Cour			6. Election Cam	paign Financing			May Be
24	25	29	9 30			Trust Fund Contribution Added to Fees				
	9. Name and Address of Current	Registered Agen	nt			10. Name and A	ddress of New F	legistered /	Agent	
				81	Name					
HESS, ELEANOR G					Street Add	ress (P.O. Box Numb	er is Not Accents	hie)		
	5410 TOMLINSON RD					1035 (1 .0. 00x 1141111	01 10 110(11005pi	,		
	DLA FL 32526-6590			83						
FENOACC	DEA 1 E 32320-0330								10-1 72-	Ondo
				84	City			FL	85 Zip	Code
11 Durauant	to the provisions of Sections 617.0502	and 617 1508 Flo	orida Statutes, the	above	a-named com	poration submits this	statement for the	numose of	changing it	s registered
office or n	egistered agent, or both, in the State o	if Florida. Such cha	ange was authoriz	zed by	the corporation	on's board of director	s. I hereby accer	ot the appoir	tment as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 61	7.0503, Florida St	tatutes.	•	•		•		
SIGNATURE		134 9 5 10 5 Tab.	AIOTE E	4 6		ed when reinstating)		DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		<u> </u>	3.	t signature require		HANGES TO OF		DIRECT	ORS IN 12
	P OFFICERS AND			I TITLE		* • *			Change	
TITLE	·	لنييبا		NAME	1	•			_ `	
NAME	HESS, ELEANOR G									
STREET ADDRESS	5410 TOMLINSON RD		li i		ADDRESS					
CiTY-ST-ZIP	PENSACOLA FL 32526-6590			4 CITY-ST	T-ZIP				☐ Change	Addition
TITLE	V			TITLE					□ Criange	
NAME	LEVY, LILLIAN			2 NAME		•	• •			
STREET ADDRESS			2.3	3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32526			4 CITY-S	T-ZIP					
TITLE	D		DELETE 3.	1 TITLE					Change	Addition
NAME	RAMSEY, CHARLES D		3.3	2 NAME						
STREET ADDRESS	2030 COLONY RD.		3.3	3 STREET	ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32526		3.4	4. CITY-S	T-ZIP					
TITLE	S		DELETE 4.	1 TITLE				•	Change	Addition
NAME	GOODRICH, KEN		4.	2 NAME			,			, .
STREET ADDRESS	2603 TOMUNSON ROAD		4.5	3 STREET	ADDRESS			٠.		
CITY-ST-ZIP	PENSACOLA FL 32526		1	4 CITY-SI	1					
TITLE	D			1 TITLE					☐ Change	☐ Addition
NAME	CLARK, LUCY	_		2 NAME						
STREET ADDRESS	ANA DONALIS LAND		5.3	3 STREET	ADDRESS					
	PENSACOLA FL 32526			4 CITY-ST		`	-			
CITY-ST-ZIP TITLE	D			1 TITLE					Change	Addition
	MARTIN, WILMA	_		2 NAME						
NAME	E404 TOMENIOON DD				ADDRESS					
STREET ADDRESS				4 C/TY-ST						
CITY-ST-ZIP	PENSACOLA FL 32526	h this filing does n				Section 119 07(3)(i)	Elorida Statutas	I further cer	ify that the	information

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Applied For

Not Applicable