

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90023 041 ****61.25

DOCUMENT # N93000000998

1. Entity Name
CARRIAGE CROSSING II ASSOCIATION, INC.



Principal Place of Business
P. O. BOX 949
MIDDLEBURG, FL 32050-0949 US

Mailing Address
P. O. BOX 949
MIDDLEBURG, FL 32050-0949 US

60006934



2. Principal Place of Business
4213 County Rd 218

3. Mailing Address

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
Middleburg

City & State

Zip
32068

Country
US

Zip

Country

01122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3173433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DELCOMYN, VINA
4759 LEOPARD CIRCLE
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Vina C. Delcomyn **Vina C. Delcomyn**

1/13/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
DVP
NARAGON, CONNIE ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
4393 PRAIRIE VIEW DR S.
JACKSONVILLE, FL 32258

TITLE
NAME
DT
ANDERBERG, LINDA ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
4418 SYCAMORE PASS COURT E
JACKSONVILLE, FL 32258

TITLE
NAME
D
KENDALL, HAROLD ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
12266 STOCKBRIDGE CT. N.
JACKSONVILLE, FL 32258

TITLE
NAME
DP
CABLE, ROGER ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
4600 ARROW WIND LANE
JACKSONVILLE, FL 32258

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
DVPT ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
DP ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
Petrone, Wayne
4374 Prairie View Dr. S.
Jacksonville, FL 32258

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Roger D. Cable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06
Date

904-880-0633
Daytime Phone #