

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004700

FILED
Jan 31, 2009
Secretary of State

Entity Name: CARRINGTON PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 350172
JACKSONVILLE, FL 322350172 US

New Principal Place of Business:

12226 COUNTRY COVE CT
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P O BOX 350172
JACKSONVILLE, FL 322350172 US

New Mailing Address:

FEI Number: 59-3211711 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRYGIER, CHARLES H
358 FRANKLIN BROOK LANE
JACKSONVILLE, FL 32225 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: CRYGIER, CHARLES H
Address: 358 FRANKLIN BROOK LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: DT () Delete
Name: LANGFORD, WALTER M
Address: 12226 COUNTRY COVE CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: DS () Delete
Name: CRYGIER, SONDDRA
Address: 358 FRANKLIN BROOK LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV () Delete
Name: MCKENDRICK, MATT
Address: 12270 SCOTTS COVE TRL
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: CRYGIER, SONDDRA
Address: 358 FRANKLIN BROOK LN
City-St-Zip: JACKSONVILLE, FL 32225

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: WALTER M LANGFORD

DT

01/31/2009

Electronic Signature of Signing Officer or Director

Date