2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# N97000002525

Entity Name: CARRIGAN WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3446227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
% SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 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: STD ( ) Delete
Name: ZAJAN, JAY
Address: 661 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

Title: PD ( ) Delete
Name: BENSON, STEVE
Address: 672 CARRIGAN WOODS TRL
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: DARLEY, MIKE
Address: 676 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: DORFF, JOHN
Address: 654 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ZAJAN, JAY
Address: 661 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: BENSON, STEVE
Address: 672 CARRIGAN WOODS TRL
City-St-Zip: OVIEDO, FL 32765

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

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

Title: STD ( ) Change (X) Addition
Name: MUTUGI, TOM
Address: 654 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY ZAJAN PD 04/09/2007

Electronic Signature of Signing Officer or Director — Date