

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002525

FILED
Apr 21, 2009
Secretary of State

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

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

Title: D () Delete
Name: RILEY, DAVE
Address: 646 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: TSD () Delete
Name: MUTUGI, TOM
Address: 708 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TSD (X) Change () Addition
Name: EDDY, JASON
Address: 570 CARRIGAN WOODS TR
City-St-Zip: OVIEDO, FL 32765

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: JAY ZAJAN

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date