

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002525

FILED  
Mar 09, 2010  
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  
Name: HANSON, SCOTT  
Address: 630 CARRIGAN WOODS TRL  
City-St-Zip: OVIEDO, FL 32765

Title: SD  
Name: MATHEWS, JOHNNY  
Address: 642 CARRIGAN WOODS TRL  
City-St-Zip: OVIEDO, FL 32765

Title: TD  
Name: RILEY, DAVE  
Address: 646 CARRIGAN WOODS TR  
City-St-Zip: OVIEDO, FL 32765

Title: D  
Name: WOOD, BOW  
Address: 626 CARRIGAN WOODS TR  
City-St-Zip: OVIEDO, FL 32765

Title: VPD  
Name: EDDY, JASON  
Address: 570 CARRIGAN WOODS TR  
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: SCOTT HANSON

PD

03/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date