

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003789

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** CARRIAGE HOMES AT WOODS EDGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MELDON CONSULTANTS  
4949 TAMiami TR NORTH 201  
NAPLES, FL 341033017

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MELDON CONSULTANTS  
4949 TAMiami TR NORTH 201  
NAPLES, FL 341033017

**New Mailing Address:**

**FEI Number:** 59-3476594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE, WILLIAM S  
C/O MELDON CONSULTANTS  
4949 TAMiami TR NORTH #201  
NAPLES, FL 341033017 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: DV ( ) Delete  
Name: MASON, BIRNY  
Address: 28610 CARRIAGE HOMES DR #101  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP ( ) Delete  
Name: MINER, BARRY  
Address: 28611 CARRIAGE HOMES DR. #104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS ( ) Delete  
Name: HARTUNG, ROD  
Address: 28631 CARRIAGE HOMES DR #102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: KING, RICHARD  
Address: 28620 CARRIAGE HOMES DR #104  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT ( ) Delete  
Name: HYNES, CAROL A  
Address: 28640 CARRIAGE HOMES DR #202  
City-St-Zip: BONITA SPRINGS, FL 34134

**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: ( ) 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: BARRY MINER

DP

04/29/2009

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

\_\_\_\_\_  
Date