

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000002774

1. Entity Name
CARRIAGE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4324 HOMEWOOD LANE
LAKELAND, FL 33811 US**

Mailing Address
**6915 CARRIAGE LANE
LAKELAND, FL 33811 US**



03022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3634675

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MERRITT, CHARLES
4245 HOMEWOOD LANE
LAKELAND, FL 33811**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRITT, CHARLES 4245 HOMEWOOD LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JOHN 6915 CARRIAGE LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, SARA 4407 HOMEWOOD LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, HARRIET 4316 HOMEWOOD LANE LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, JOHN 4324 HOMEWOOD LAND LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80013-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Thomas **JOHN THOMAS**

3/2/07

813-364-5698