2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N99000002774

Entity Name: CARRIAGE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4324 HOMEWOOD LANE
LAKELAND, FL 33811 US

New Principal Place of Business:

Current Mailing Address:

6915 CARRIAGE LANE
LAKELAND, FL 33811 US

New Mailing Address:

FEI Number: 59-3634675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRITT, CHARLES
4245 HOMEWOOD LANE
LAKELAND, FL 33811 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:	D	( ) Delete
Name:	MERRITT, CHARLES	
Address:	4245 HOMEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	D	( ) Delete
Name:	THOMAS, JOHN	
Address:	6915 CARRIAGE LANE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	SD	( ) Delete
Name:	HILL, SARA	
Address:	4407 HOMEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	T	( ) Delete
Name:	ROSE, HARRIET	
Address:	4316 HOMEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33811	
Title:	P	( ) Delete
Name:	GRIFFIN, JOHN	
Address:	4324 HOMEWOOD LAND	
City-St-Zip:	LAKELAND, FL 33811	
Title:	V	( ) Delete
Name:	ROSS, DAN	
Address:	4316 HOMEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33811	

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:	P	(X) Change ( ) Addition
Name:	GREER, HAL	
Address:	4408 HOMEWOOD LANE	
City-St-Zip:	LAKELAND, FL 33811	
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: JOHN A. THOMAS D 04/09/2009

Electronic Signature of Signing Officer or Director — Date