

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002774

FILED  
Jan 17, 2011  
Secretary of State

**Entity Name:** CARRIAGE PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4245 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  
Name: MERRITT, CHARLES  
Address: 4245 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

Title: D  
Name: THOMAS, JOHN  
Address: 6915 CARRIAGE LANE  
City-St-Zip: LAKELAND, FL 33811

Title: SD  
Name: HILL, SARA  
Address: 4407 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

Title: T  
Name: ROSE, HARRIET  
Address: 4316 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

Title: P  
Name: GREER, HAL  
Address: 4408 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

Title: V  
Name: ROSE, DAN  
Address: 4316 HOMEWOOD LANE  
City-St-Zip: LAKELAND, FL 33811

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:** JOHN THOMAS

D

01/17/2011

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

\_\_\_\_\_  
Date