

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706139

Entity Name: CARRIAGE CLUB, INC.**Current Principal Place of Business:**2011 GULF SHORE BLVD NO
NAPLES, FL 34102**Current Mailing Address:**2011 GULF SHORE BLVD NO
NAPLES, FL 34102 US**FEI Number:** 59-1052201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAZEN, W RICHARD
2011 GULF SHORE BLVD N APT 52
NAPLES, FL 34102 US*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**Officer/Director Detail :**

Title	P
Name	KASSER, VICTOR
Address	2011 GULF SHORE BLVD. N APT. 14
City-State-Zip:	NAPLES FL 34102

Title	VP
Name	DELAERE, GREG
Address	2011 N GULF SHORE BLVD N APT 25
City-State-Zip:	NAPLES FL 34102

Title	T
Name	HAZEN, RICHARD W
Address	2011 GULF SHORE BLVD N APT 52
City-State-Zip:	NAPLES FL 34102

Title	VP
Name	NICKERSON, BESSIE
Address	2011 GULF SHORE BLVD. N. APT. 14
City-State-Zip:	NAPLES FL 34102

Title	S
Name	WINSTEAD, CAROL
Address	2011 GULF SHORE BLVD N. APT. 34
City-State-Zip:	NAPLES FL 34102

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: W. RICHARD HAZEN**TREASURER****02/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date