

2024 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:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
NAPLES, FL 34114 US**FEI Number:** 59-1052201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESORT MANAGEMENT
2685 HORSESHOE DR. S.
#215
NAPLES, FL 34114 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:** ROBERT ROSENOW

03/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ULSH, JAMES
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34114

Title VP
Name MASON, JOHN
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34114

Title T
Name MCKEE, RUSSELL
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34114

Title DIRECTOR
Name REESE, CHRISTOPHER
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34114

Title S
Name ANGEVIN, JOSEPHINE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. STE#215
City-State-Zip: NAPLES FL 34114

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: RUSSELL MCKEE

TREAS

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date