

EXHIBIT 2

John R. Ashcroft Secretary of State
 2019-2020 BIENNIAL REGISTRATION REPORT
 NONPROFIT

N00062567
Date Filed: 7/22/2019
John R. Ashcroft
Missouri Secretary of State

☐ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2019

N00062567

CARRIAGE OAKS ESTATES HOMEOWNERS ASSOCIATION
 CARL R. MILLS
 209 FALLING LEAF COURT
 BRANSON WEST MO 65737

ORGANIZED UNDER THE LAWS OF:
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

209 Falling Leaf Ct. (Required)

STREET Branson West, MO. 65737

CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT

STREET

CITY/STATE/ZIP

V. PRES

STREET

CITY/STATE/ZIP

SECRETARY

STREET

CITY/STATE/ZIP

TREASURER

STREET

CITY/STATE/ZIP

Carl R. Mills (Required)

209 Falling Leaf Ct.

Branson West, MO. 65737

Marian Stewart (Required)

516 Iowa Colony Rd.

Hollister, MO. 65672

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

Robert Sykes (Required)

170 Falling Leaf Ct.

Branson West MO. 65737

Carl R. Mills

209 Falling Leaf Ct.

Branson West MO. 65737

Marian Stewart

516 Iowa Colony Rd.

Hollister, MO. 65672

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Please print name and title of signer:

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$30.00 if filed on or before 8/31/2019

\$95.00 if filed after 8/31/2019

Corporation will be administratively dissolved if report is not filed by 11/30/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL):

REQUIRED INFO
 RETURN COMPLETED REGIS

ORI-07232019-2979 State of Missouri

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Biennial Report - Non-Profit

MO 65102