

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N36058** (8)  
1. Corporation Name

**CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **7932 WILES RD. CORAL SPRINGS FL 33067**  
Mailing Address: **7932 WILES RD. CORAL SPRINGS FL 33067**

3. Date Incorporated or Qualified: **01/11/1990**  
3a. Date of Last Report: **04/10/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>65-0164877</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**AQUILINA, BEAU**  
**7525 N.W. 61ST TER. #1804**  
**PARKLAND FL 33067**

81 Name: **Martin Freed**  
82 Street Address (P.O. Box Number is Not Acceptable): **7525 N. W. 61st Terrace #503**  
83  
84 City: **Parkland, FL** 85 Zip Code: **FL 33067**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Martin Freed* DATE: **3/18/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>AQUILINA, BEAU</b>		1.2 NAME: <b>Martin Freed</b>	
STREET ADDRESS: <b>7525 NW 61 TERRACE 1804</b>		1.3 STREET ADDRESS: <b>7525 N. W. 61st Terrace #503</b>	
CITY-ST-ZIP: <b>PARKLAND FL 33067</b>		1.4 CITY-ST-ZIP: <b>Parkland, FL 33067</b>	
TITLE: <b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>KABAT, ROBIN</b>		2.2 NAME: <b>Catherine Corsetti</b>	
STREET ADDRESS: <b>7525 NW 61 TERRACE 3003</b>		2.3 STREET ADDRESS: <b>7525 N. W. 61st Terrace #104</b>	
CITY-ST-ZIP: <b>PARKLAND FL 33067</b>		2.4 CITY-ST-ZIP: <b>Parkland, FL 33067</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SORRENTINO, MARYANN</b>		3.2 NAME: <b>Maryann Sorrentino</b>	
STREET ADDRESS: <b>7525 NW 61ST TERRACE #504</b>		3.3 STREET ADDRESS: <b>7525 N. W. 61st Terrace #504</b>	
CITY-ST-ZIP: <b>PARKLAND FL</b>		3.4 CITY-ST-ZIP: <b>Parkland, FL 33067</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>BAN DORAEN, BARBARA</b>		4.2 NAME: <b>Martin Freed</b>	
STREET ADDRESS: <b>7525 NW 61ST TERRACE #404</b>		4.3 STREET ADDRESS: <b>7525 N. W. 61st Terrace #503</b>	
CITY-ST-ZIP: <b>PARKLAND FL</b>		4.4 CITY-ST-ZIP: <b>Parkland, FL 33067</b>	
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>AQUILINA, ELLEN</b>		5.2 NAME: <b>Tom Timmons</b>	
STREET ADDRESS: <b>7525 NW 61 TERRACE 1804</b>		5.3 STREET ADDRESS: <b>7525 N. W. 61st Terrace #2504</b>	
CITY-ST-ZIP: <b>PARKLAND FL</b>		5.4 CITY-ST-ZIP: <b>Parkland, FL 33067</b>	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <b>000001758899</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <b>0322730-11000-003</b>	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <b>***61.25</b>	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> DELETE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin Freed* DATE: **3/18/96**

CR2E037 (12/95)