FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business Mailing Address

FILED May 06 1997 8:00am Secretary of State

7932 WILES RD CORAL SPRING		7832 WILES RD. CORAL SPRINGS FL 33067	·-2071	2. Date in a constant	on Ouritinal I 20 D	ate of Lant Depart
				3. Date Incorporated 01/11/1990		ate of Last Report 03/26/1996
2. Principal Place of Business 2a. Milling Address			4. FEI Number		Applied For	
21		26 Sp 11/11 (My Turnway	にす。 65-0164877		Not Applicab
Sulte, Apt. :		Suite, Apt. #, etc. 27 33の いんい ム	orije # yos	5. Certificate of Status	Desired	\$8.75 Additional Fee Required
City & State	•	City & State 28 OMAL (PA)	NGS FUR	6. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees
Zip.	Country	Zip	Country	8. This corporation ha		-
24]	9. Name and Address of Current	29 330 US	30	Florida Statutes 10. Name and Addres		∐ No Agent
	e, traine and nations of Callent		81 Name			
FREED,	MARTIN			JULED COWWAY	TO MET	CON
	W. 61ST TER. #503		B2 Street A	Address (P.O. Box Number is I	Not (cceptable)	105
	ND FL 33067		83	- Janes	1 7 9	
			84 City			85 Zip Code
			\rightarrow \leftarrow \leftarrow	RAW SPRINKS	FL	- 1 330 6 (
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-hamed	corporation submits this stater	ment for the purpose of hereby accept the ap-	of changing its registere
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation		orida Statutes	\		
SIGNATURE _	VNITES Community Signature, typed or printed name of registered agent	1167 61V.	E Dogistered Agent sunature	LEC7		126/97
12.	OFFICERS AND		13.		ES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	Freed, Martin		12 NAME			
STREET ADDRESS	7525 N.W. 61ST TERRACE #5	03	1.3 STREET ADDRESS			
CITY - ST - ZIP	PARKLAND FL 33067		1.4 CITY-ST-ZIP			
TITLE	\$D	DELETE	2.1 TITLE			Change Addition
NAME	CORSETTI, CATHERINE	A4	2.2 NAME			
STREET ADDRESS	7525 N.W. 61ST TERRACE #1 PARKLAND FL 33087	U4	2,3 STREET ADDRESS			
CITY-\$T-ZIP TITLE	VD	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	T Ø		Change Addition
NAME	SORRENTINO, MARYANN		3.2 NAME	1 3		
STREET ADDRESS	7525 NW 61ST TERRACE #50	4	3.3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4,1 TITLE	PO		Change
NAME	TIMMONS, TOM		4, 2 NAME	-		•
STREET ADDRESS	7525 N.W. 61ST TERRACE #2	504	4,3 STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067	DELETE	4,4 CITY-S1-ZIP	<u> </u>		☐ Change Addition
TITLE NAME		ם טנגנונ	5 1 TITLE 5.2 NAME	50	BARBAR	Change Moulin
STREET ADDRESS			5.3 STREET ADDRESS	JAN OURN	TRARBOR	#You
CITY-ST-ZIP			5.4 CITY - ST - ZIP	VAN GREN 7521 NW 61 PARKIAN F	14 33 017	
TITLE		☐ DELETE	6 1 TITLE	15		Change Addition
NAME			6.2 NAME	TROLOGNOY	JETA	•
STREET ADDRESS			6 3 STREET ADDRESS	KOLOONOY	610 781	RRACE #YOU
CITY-ST-ZIP		with this filing dose not avail	6 4 CITY - ST - ZIP	PrakiANS	CW 3300	7

used report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name