04271999-90142-025-$61.25-$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90142 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36058

1. Corporation Name
CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOC, INC

Principal Place of Business
C/O Residential Mgmt. Concepts, Inc.
P.O. Box 97-0669
BOCA RATON FL 33497-0069

Mailing Address
C/O Residential Mgmt. Concepts, Inc.
P.O. Box 97-0669
BOCA RATON FL 33497-0069

2. Principal Place of Business
21 Residential Mgmt. Inc
Suite, Apt. #, etc.
22 P.O. Box 97-0669
City & State
23 BOCA RATON FL
Zip
24 33497-0069
Country
25 USA

2a. Mailing Address
26 P.O. Box 97-0669
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL
Zip
29 33497-0069
Country
30 USA

3. Date Incorporated or Qualified
02-1990

4. FEI Number
65-0164877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
GARY PALOMBI
Residential Management Concepts, Inc.
23123 State Road 7 Suite 350A
BOCA RATON FL 33498-

10. Name and Address of New Registered Agent
81 Name GARY PALOMBI
82 Street Address (P.O. Box Number is Not Acceptable) Residential Management Concepts Inc.
83 23123 State ROAD 7 Suite 350A 33498
84 City BOCA RATON FL 85 Zip Code 33498-

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 X GARY PALOMBI X 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Sorrentino, MaryAnn 7525 NW 61st Terrace #304 Parkland FL 33067	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Rodney, Jeff 7525 NW 61st Terrace #401 Parkland FL 33067	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Duffy, Gina 7525 NW 61st Terrace # 303 Parkland FL 33067	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD Murphy, Sylvester 7525 NW 61st Terrace #1004 Parkland FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: X GINA Duffy 4/20/99 561-477-9907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #