2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36058 1. Entity Name

FILED Apr 10, 2001 8:00 am Secretary of State

04-10-2001 90013 025 ****61.25

CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATI Mailing Address Principal Place of Business RESIDENTIAL MGMT. CONCEPTS. INC. P.O. BOX 97-0069 BOCA RATON FL 33497-0069 JOHN RATEUR LE 33



Sure, Apt #, etc. Sure, Apt #, etc. Do NOT WRITE IN THIS SPACE	2. Principal Place of Business 946 Rive 3. Mailing Address]					
SOFT Country Zip Country S. Certificate of Status Dosing Soft Applicable	Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE						
## Signar Address of Current Registered Agent Security Securi					4. FEI Number 65-0164877			-]			
PALOMBI, GARY RESIDENTIAL MANAGEMENT CONCEPTS INC. PALOMBI, GARY RESIDENTIAL MANAGEMENT CONCEPTS INC. PALOMBI, GARY RESIDENTIAL MANAGEMENT CONCEPTS INC. PAROMBI, GARY RESIDENTIAL MANAGEMENT CONCEPTS INC. PAROMBINET CONCEPT	Zip Zip Zip						5 Certificate of Status Desired \$8.75 Additiona				dditional	1	
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RESIDENTIAL MANAGEMENT CONCEPTS INC. POTTO A NO GEACH I 33064 City FL Zig Code 8. The above numed entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Supplies Su					Name								
RESIDENTIAL MANAGEMENT CONCEPTS INC. ### City FL Zip Code City FL	PALOMRI GADV					Street Address (P.O. Box Number is Not Acceptable)							
### POTO PAIN GEAL 33064 City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florida. SIGNATURE	DESIDENTIAL MANAGEMENT CONCEPTS INC											┨	
8. 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 SUPPLIES SUPPLIE	1406	1 NW 1940 Ave											
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19. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Vi). Florida Statutes, I further certify that the information			his filing doos>			ad in C-	otion 110 07(0)/	i) Florida Stat	utoe I further cost	ify that the	information	1	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.