

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N36058**

1. Entity Name

**CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATI**

Principal Place of Business

Mailing Address

RESIDENTIAL MGMT. CONCEPTS, INC.

P.O. BOX 97-0069  
 BOCA RATON FL 33497-0069  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4350 NW 19th Ave

3. Mailing Address

Suite, Apt. #, etc.

Ste C

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

4. FEI Number

65-0164877

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALOMBI, GARY

RESIDENTIAL MANAGEMENT CONCEPTS INC.

4350 NW 19th Ave Ste C  
 Pompano Beach FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: SD  
 NAME: VAN DORON, BARBARA  
 STREET ADDRESS: 7525 NW 61ST TERRACE #404  
 CITY-ST-ZIP: PARKLAND FL  
 Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: PD  
 NAME: KOLOONEY, JEFF  
 STREET ADDRESS: 7525 NW 61ST TERRACE #404  
 CITY-ST-ZIP: PARKLAND FL 33067  
 Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: VD  
 NAME: SORRENTINO, MARYANN  
 STREET ADDRESS: 7525 NW 61ST TERRACE #504  
 CITY-ST-ZIP: PARKLAND FL  
 Delete

TITLE: PD  
 NAME: Beau Aquilina  
 STREET ADDRESS: 7525 NW 61st Terr #1804  
 CITY-ST-ZIP: PARKLAND FL 33067  
 Change  Addition

TITLE: PD  
 NAME: TIMMONS, TOM  
 STREET ADDRESS: 7525 N.W. 61ST TERRACE #2504  
 CITY-ST-ZIP: PARKLAND FL  
 Delete

TITLE: VD  
 NAME: Marty Freed  
 STREET ADDRESS: 7525 NW 61st Terr #503  
 CITY-ST-ZIP: PARKLAND FL 33064  
 Change  Addition

TITLE: TD  
 NAME: DUFFY, GINA  
 STREET ADDRESS: 7525 NW 61ST TERRACE #303  
 CITY-ST-ZIP: PARKLAND FL 33067  
 Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: PD  
 NAME: MURPHY, SYLVESTER  
 STREET ADDRESS: 7525 NW 61ST TERRACE #1004  
 CITY-ST-ZIP: PARKLAND FL 33067  
 Delete

TITLE: TD  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

12. 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 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.

SIGNATURE

Beau V. Aquilina  
 BEAU V. Aquilina 4/14/01 - PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)