

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90060 039 \*\*\*\*61.25

0076895

**DOCUMENT # N36058**

1. Entity Name

**CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business

Mailing Address

**4330 NW 19TH AVENUE  
 SUIT C  
 POMPANO BEACH FL 33064**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0164877**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALOMBI, GARY  
 RESIDENTIAL MANAGEMENT CONCEPTS INC.  
 4360 NW 19TH AVENUE, SUITE 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	D	<input checked="" type="checkbox"/> Delete
NAME	VAN DORON, BARBARA	
STREET ADDRESS	7525 NW 61ST TERRACE #404	
CITY-ST-ZIP	PARKLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOLOONEY, JEFF	
STREET ADDRESS	7525 NW 61ST TERRACE #404	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AQUILINA, BEAU	
STREET ADDRESS	7525 NW 61ST TERRACE #1804	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREED, MARTY	
STREET ADDRESS	7525 NW 61ST TERRACE, #603	
CITY-ST-ZIP	PARKLAND FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MURPHY, SYLVESTER	
STREET ADDRESS	7525 NW 61ST TERRACE #1004	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD Joe KAY	
STREET ADDRESS	7525 NW 61st Terrace # 1301	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D Bill Murphins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	7525 NW 61st Terrace # 2404	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)