


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90002 001 ****61.25

DOCUMENT # N36058

1. Entity Name
CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4330 NW 19TH AVENUE SUIT C POMPANO BEACH, FL 33064

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

04007700



2. Principal Place of Business
6421 Congress Ave
 Suite, Apt. #, etc.
110
 City & State
Boca Raton

3. Mailing Address
6421 Congress Ave
 Suite, Apt. #, etc.
110
 City & State
Boca Raton

08042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1572921

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

6. Name and Address of Current Registered Agent
**PALOMBI, GARY
 RESIDENTIAL MANAGEMENT CONCEPTS INC.
 4360 NW 19TH AVENUE, SUITE C
 POMPANO BEACH, FL 33064**

7. Name and Address of New Registered Agent
 Name: **Ellen Lohr**
 Street Address (P.O. Box Number is Not Acceptable): **6421 Congress Ave #110**
 City: **Boca Raton** FL Zip Code: **33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Ellen Lohr* **Ellen Lohr** DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	LIGON, JERRY 2600 SPANISH RIVER RD BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE PD	Joseph Belluscio 7525 NW 61st Terrace #1204 Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	TWISS, JIM 220 SW 7TH ST #7 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE VITD	Carol Miller 7525 NW 61st Terrace #1701 Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	GARABRANDT, MAURA 550 SW 2ND AVE C 226 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE S/D	ROBIN W. GORDON 7525 NW 61st Terrace #401 Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	ANDRICKSON, CARLOS 650 SW 2ND AVE E 155 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE D	Howard Simon 7525 NW 61st Terrace #1102 Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD	MURPHY, SYLVESTER 7525 NW 61ST TERRACE #1004 PARKLAND, FL 33067 <input checked="" type="checkbox"/> Delete	TITLE D	Tim Kersten 7525 NW 61st Terrace #3304 Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph Belluscio* **Joseph Belluscio** **8/6/04** **561-994-4870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #