

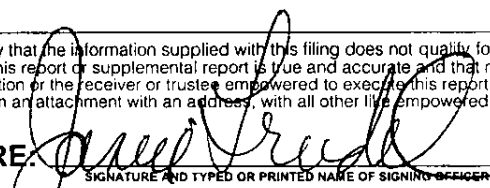


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N36058						FILED 07 JUL -5 AM 8:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Entity Name CARRIAGE HOMES AT TERRAMAR CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 953 UNIVERSITY DR CORAL SPRINGS, FL 33071		Mailing Address C/O INTEGRITY PROP. MGMT. 953 UNIVERSITY DR CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				05172007 Chg-NP CR2E037 (12/06)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1572921		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
Zip	Country	Zip	Country					
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent				
WHITTLE, CINDY IPM 963 UNIVERSITY AVE CORAL SPRING, FL 33063				Name CINDY WHITTLE Street Address (P.O. Box Number is Not Acceptable) 953 University Drive City Coral Springs FL 33071				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____								
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T KAY, JOE 7525 NW 61ST TERR. 1301 PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Robin Gordon 7525 NW 61 Terr. # 401 Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD AUGER, RALPH 7525 NW 61ST TERRACE #3103 PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pam Barnett 7525 NW 61 Terr # 2009 Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, CAROL 7525 NW 61ST TERR. 1804 PARKLAND, FL 33067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jerry Wing 7525 NW 61 Terr # 1703 Parkland, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRUDEL, JANICE 7525 NW 61 TERR. #1702 PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Janice Trudel #1702 7525 NW 61 Terr Parkland, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marty Freed 7525 NW 61 Terr # 503 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	500106841395 07/24/07--01052--018 **61.25				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 				Date 6-25-07		Daytime Phone # 954 346-0677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								