

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36058

FILED
Apr 16, 2009
Secretary of State

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

Current Principal Place of Business:

953 UNIVESITY DR
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRITY PROP. MGMT.
953 UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 59-1572921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITTLE, CINDY
953 UNIVERSITY DRIVE
CORAL SPRING, FL 33071 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GORDON, ROBIN
Address: 7525 NW 61ST TERRACE, #401
City-St-Zip: PARKLAND, FL 33067

Title: SD () Delete
Name: BARNETT, PAM
Address: 7525 NW 61ST TERRACE, #2004
City-St-Zip: PARKLAND, FL 33067

Title: TD () Delete
Name: WING, JERRY
Address: 7525 NW 61ST TERRACE, #1703
City-St-Zip: PARKLAND, FL 33067

Title: P () Delete
Name: BELLUSCI, JOSEPH
Address: 7525 NW 61 TERR #1204
City-St-Zip: PARKLAND, FL 33067

Title: D () Delete
Name: FREED, MARTY
Address: 7525 NW 61 TERRACE, #503
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GORDON, ROBIN
Address: 7525 NW 61ST TERRACE, #401
City-St-Zip: PARKLAND, FL 33067

Title: VPD (X) Change () Addition
Name: LEVINE, PAM
Address: 7525 NW 61ST TERRACE, #2004
City-St-Zip: PARKLAND, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BELLUSCI, JOSEPH
Address: 7525 NW 61 TERR #1204
City-St-Zip: PARKLAND, FL 33067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE BELLUSCI

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date