

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756824

1. Entity Name

CAROLYN CONDOMINIUM APARTMENTS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90155 027 ****70.00

Principal Place of Business

Mailing Address

3212 N.E. 10TH STREET
 POMPANO BCH FL 33062

3212 N.E. 10TH STREET
 POMPANO BCH FL 33062-3928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2285360

Applied For

Not Applicable

Zip

Country

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

MARTIN, FRANCES
 681 N.E. 7TH STREET
 POMPANO BEACH FL 33060

Name CATHLEEN PINNER
 Street Address (P.O. Box Number is Not Acceptable)
3212 NE 10 ST #3
 City Pompano Bch, FL Zip Code 33062

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 Cathleen Pinner

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	PD	<input type="checkbox"/> Delete
NAME	BILLINGS, DON	
STREET ADDRESS	3212 NE 10TH ST. #2	
CITY-ST-ZIP	POMPANO BCH. FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, STANFORD	
STREET ADDRESS	3212 NE 10TH ST. #4	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARCH, ELIZABETH	
STREET ADDRESS	3212 NE 10TH STREET #6	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINNER, Cathleen	
STREET ADDRESS	3212 NE 10. ST	
CITY-ST-ZIP	POMPANO BCH FL 33062	
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

4/9/00 954-777-4207
 Date Daytime Phone #

CR2E037 (9/99)