

FILE NOW: FILING FEE IS \$61.25

FILED

May 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001530 (2)

1. Corporation Name

CARRIAGE BROOKE AT WELLINGTON'S EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

1905 WELLINGTON EDGE BLVD.
WELLINGTON FL 33414

Mailing Address

1905 WELLINGTON EDGE BLVD.
WELLINGTON FL 33414-6111



3. Date Incorporated or Qualified
03/20/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0673739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRANE, ROBERT L
515 NORTH FLAGLER DRIVE
SUITE 1800
W PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KALLAND, DENISE
STREET ADDRESS 1905 WELLINGTON EDGE BLVD.
CITY-ST-ZIP WELLINGTON FL 33414 ☒ DELETE

TITLE STD
NAME BOVE, TERRY F
STREET ADDRESS 3901 WASHINGTON RD. SUITE 301
CITY-ST-ZIP MCMURRYTON PA 15317 ☐ DELETE

TITLE VD
NAME KALLAND, MICHAEL
STREET ADDRESS 814 S.W. 7TH TERRACE
CITY-ST-ZIP FLORIDA CITY FL 33034 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SVD
1.2 NAME PATRICIA LOESCH
1.3 STREET ADDRESS 407 ABBEYVILLE ROAD #4
1.4 CITY-ST-ZIP PITTSBURGH, PA 15228 ☒ Change ☐ Addition

2.1 TITLE PDT
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE VD
3.2 NAME MICHAEL MALONE
3.3 STREET ADDRESS P.O. BOX 520 - 490 BARNICKEL ST.
3.4 CITY-ST-ZIP MEADOWLANDS, PA 15347 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Terry F. Bove REQUIRED

3/2/97

412 924-4370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041120

CR2E037 (9/96)