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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001530 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1905 WELLINGTON EDGE BLVD.
WELLINGTON FL 33414

1905 WELLINGTON EDGE BLVD.
WELLINGTON FL 33414

3. Date Incorporated or Qualified

03/20/1996

4. FEI Number

65-0673739

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10851 FOREST HILL BLVD

26 10851 FOREST HILL BLVD

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Wellington FL

28 Wellington FL

24 Zip

25 Country

29 Zip

30 Country

24 33414

25 USA

29 33414

30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME LOESCH, PATRICIA
STREET ADDRESS 407 ABBEYVILLE RD., #4
CITY-ST-ZIP PITTSBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

TITLE VD ☐ DELETE
NAME MALONE, MICHAEL
STREET ADDRESS P.O. BOX 520-490 BARNICKEL ST
CITY-ST-ZIP MEADOWSLANDS PA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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:

M. Malone

2/18/98

724-225-2179

CR2037 (10/97)