


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90154 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001530

1. Corporation Name

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

Principal Place of Business

10851 FOREST HILL BLVD
WELLINGTON FL 33414
US

Mailing Address

10851 FOREST HILL BLVD.
WELLINGTON FL 33414
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. % GLEN MANAGEMENT SVCS	26. % GLEN MANAGEMENT SVCS	03/20/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22. 4301 OAK CIRCLE #23	27. 4301 OAK CIRCLE #23	65-0673739
City & State	City & State	Applied For
23. BOCA RATON FL	28. BOCA RATON FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. 33431	29. 33431	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25. USA	30. USA	Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		\$5.00 May Be Added to Fees

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

81. Name	GLEN MANAGEMENT SERVICES
82. Street Address (P.O. Box Number is Not Acceptable)	4301 OAK CIRCLE
83. Suite, Apt. #, etc.	SUITE 23
84. City	BOCA RATON FL
85. Zip Code	33431

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 *A. GLEN* (NOTE: Registered Agent signature required when reinstating) DATE 4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)