

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90007 020 ****61.25

DOCUMENT # N96000001530

1. Entity Name

CARRIAGE BROOKE AT WELLINGTON'S EDGE PROPERTY OW

00061335



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD #200 BOCA RATON FL 33432 US	Mailing Address C/O GLEN MANAGEMENT SERVICES P.O. BOX 1390 BOCA RATON FL 33429 US
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2. Principal Place of Business 10851 W. Forest Hill Blvd Suite, Apt. #, etc.	3. Mailing Address 10851 W. Forest Hill Blvd. Suite, Apt. #, etc.
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City & State Wellington, Florida	City & State Wellington, Florida
Zip 33414	Zip 33414
Country USA	Country USA

4. FEI Number 65-0673739	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GLEN, ANDREW C
301 W. CAMINO GARDENS BLVD #200
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name **Curt Perrella / Campbell Management**
 Street Address (P.O. Box Number is Not Acceptable)
3918 Poinciana Dr
 Suite #9
 City **Lake Worth** FL Zip Code **33467**

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 **Curt S. Perrella** DATE **Aug 13, 2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOESCH, PATRICIA 407 ABBEYVILLE RD., #4 PITTSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BOVE, TERRY F 3901 WASHINGTON RD. SUITE 301 MCMURRYTON PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALONE, MICHAEL P.O. BOX 520-490 BARNICKEL ST MEADOWSLANDS-PA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Milone, Rosalie 1671 Carriage Brook Dr. Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Citrano, Jo Ann 1738 Barnstable Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Virga, Gloria 1802 Barnstable Wellington, Florida 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Suzanne Milone** **Rosalie Milone** **8/13/01**

CR-E037 (10/00)