


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003352

1. Entity Name
HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, INC.



Principal Place of Business P.O. BOX 367531 BONITA SPRINGS, FL 34136-7531	Mailing Address P.O. BOX 367531 BONITA SPRINGS, FL 34136-7531
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01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3652942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICKERSON, JOHN
25251 BUSY BEE DRIVE
BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000787216
 01/17/08-80073-009.61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICKERSON, JOHN 25251 BUSY BEE DR. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCY, BONNIE 25335 CATSKILL DR. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAPPLY, JUDITH 24478 STILLWELL PKWY BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WILCOXEN, DENA 24410 STILLWELL PKWY BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1-14-08 (239) 947-1989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #