


FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90426 002 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N06000005858 1. Entity Name CAROLINA COMMONS OWNERS' ASSOCIATION, INC.		
Principal Place of Business 3785 AIRPORT RD NORTH - STE B-1 NAPLES, FL 34105		Mailing Address 3785 AIRPORT RD NORTH - STE B-1 NAPLES, FL 34105
2. Principal Place of Business - No P.O. Box # 3775 Airport Rd N		3. Mailing Address 3775 Airport Rd N
Suite, Apt. #, etc. Ste B		Suite, Apt. #, etc. Ste B
City & State Naples Florida		City & State Naples Florida
Zip 34105		Zip 34105
Country USA		Country USA
4. FEI Number 26-0224514		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOOVER, WILLIAM L 3785 AIRPORT RD NORTH - STE B-1 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Hoover William L Street Address (P.O. Box Number is Not Acceptable) 3775 Airport Rd N. Ste B Naples FL 34105
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: <i>William L Hoover</i> William L Hoover 4-27-07 <small>Signature must be printed name of registered agent and date of signature. (Not to be signed by registered agent unless authorized by the corporation.)</small>		
Filing Fee is \$81.25 Due by May 4, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD HOOVER, WILLIAM L 5680 WYX MYRTLE WAY NAPLES, FL 34109	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD VUKOBRAVTOVICH, GEORGE 2400 8TH ST NORTH - STE 101 NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD STERK, JEREMY 2875 GARLAND RD NAPLES, FL 34117	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T HOOVER, CHARLES S 3785 AIRPORT RD NORTH - STE B-1 NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Hoover Charles S 3775 Airport Rd N. Ste B Naples Florida 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>William L Hoover</i> William L Hoover 4-27-07 239-403-8899 <small>Signature and Title to be Printed in Ink on Signed Copy of this Report</small>		