


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90249 004 ****61.25

DOCUMENT # N06000005858 1. Entity Name CAROLINA COMMONS OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3775 AIRPORT RD N STE B NAPLES, FL 34105	Mailing Address 3775 AIRPORT RD N STE B NAPLES, FL 34105
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04112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0224514	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

HOOVER, WILLIAM L
 3775 AIRPORT RD N
 STE B
 NAPLES, FL 34105

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 reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOOVER, WILLIAM L 5690 WAX MYRTLE WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VUKOBRATOVICH, GEORGE 2400 9TH ST NORTH - STE 101 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERK, JEREMY 2875 GARLAND RD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOOVER, CHARLENE S 3775 AIRPORT RD N STE B NAPLES, FL 34105
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: George Vukobratovich Date: 4-28-08

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