

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09658** (8)
1. Corporation Name
CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1721 W CHERYL DR WINTER PARK FL 32792-6311 US	Mailing Address 1721 W CHERYL DR WINTER PARK FL 32792-6311 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/10/1985	3a. Date of Last Report 07/11/1996
				4. FEI Number 59-2658274	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUMAN, JACK
1721 W CHERYL DR
WINTER PARK FL 32792**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KAHN, WILLIAM	1.2 NAME	Cathy Bauman
STREET ADDRESS	1772 E. CHERYL DR	1.3 STREET ADDRESS	1721 W CHERYL DR
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311
TITLE	VD	2.1 TITLE	VD
NAME	DOBSON, CHRIS	2.2 NAME	DOBSON, CHRIS
STREET ADDRESS	1700 W. CHERYL DR	2.3 STREET ADDRESS	1700 W. CHERYL DR
CITY-ST-ZIP	WINTER PARK FL 32792	2.4 CITY-ST-ZIP	WINTER PARK FL 32792-6311
TITLE	SD	3.1 TITLE	SD
NAME	GENDE, JOE	3.2 NAME	SHARON THOMPSON
STREET ADDRESS	1801 E. CHERYL DR	3.3 STREET ADDRESS	1733 W CHERYL DR
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311
TITLE	TD	4.1 TITLE	TD
NAME	BAUMAN, JACK	4.2 NAME	JACK BAUMAN
STREET ADDRESS	1721 W CHERYL DR	4.3 STREET ADDRESS	1721 W. CHERYL DR
CITY-ST-ZIP	WINTER PARK FL 32792	4.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311
TITLE	D	5.1 TITLE	TR
NAME	HARDEE, EARL	5.2 NAME	Judy Pless
STREET ADDRESS	1741 W. CHERYL DR	5.3 STREET ADDRESS	4110 CHRISTA CT
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	WINTER PARK FLA.
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **SIGNATURE REQUIRED**

02-21-97

CR2E037 (4/97)