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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09658

1. Corporation Name

CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1761 W CHERYL DR
WINTER PARK FL 32792-6311
US

Mailing Address

1761 W CHERYL DR
WINTER PARK FL 32792-6311
US



2. Principal Place of Business

21 1772 E. Cheryl Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 1772 E. Cheryl Drive
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

06/10/1985

4. FEI Number
59-2658274

Applied For
Not Applicable

23 City & State
Winter Park, FL 32792

27 City & State
Winter Park, FL 32792

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip Country
32792 U.S.A.

29 Zip Country
32792 U.S.A.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DENITHORNE, JOHN
1761 W CHERYL DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
KAHN, WILLIAM
82 Street Address (P.O. Box Number is Not Acceptable)
1772 E. CHERYL DRIVE
83
84 City
WINTER PARK FL 85 Zip Code
32792

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

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

William Kahn
(NOTE: Registered Agent signature required when reinstating)

4-21-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENITHORNE, JOHN	1.2 NAME	KAHN, WILLIAM
STREET ADDRESS	1761 W CHERYL DR.	1.3 STREET ADDRESS	1772 E. CHERYL DRIVE
CITY-ST-ZIP	WINTER PARK FL 32792	1.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, WILLIAM	2.2 NAME	GIAMBALVO, LINDA
STREET ADDRESS	1772 E CHERYL DR	2.3 STREET ADDRESS	1788 E. CHERYL DRIVE
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISLEY, DEGORAH	3.2 NAME	RISLEY, DEBORAH
STREET ADDRESS	1737 W CHERYL DR	3.3 STREET ADDRESS	1737 W. CHERYL DRIVE
CITY-ST-ZIP	WINTER PARK FL 32792	3.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMAN, JACK	4.2 NAME	
STREET ADDRESS	1721 W CHERYL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENITHORNE, KAY	5.2 NAME	HARDEE, EARL
STREET ADDRESS	1761 W CHERYL DR	5.3 STREET ADDRESS	1741 W. CHERYL DRIVE
CITY-ST-ZIP	WINTER PARK FL 32792	5.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

William Kahn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98