
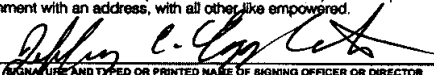


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90376 007 ****61.25

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DOCUMENT # NO 9658			
1. Entity Name Carolyn Estates Homeowners Association, Inc. ✓			
Principal Place of Business 1832 E Cherry Dr. WP 32792		Mailing Address same	
2. Principal Place of Business 1785 E Cheryl Dr		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WP, FL		City & State	
4. FEI Number 31-2658274		Applied For Not Applicable	
Zip 32792	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent William Wickende 1832 Cherry Dr. WP 32792		7. Name and Address of New Registered Agent Name: Jeff Eggleston Street Address (P.O. Box Number is Not Acceptable): 1785 E. Cheryl Dr. City: Winter Park FL Zip Code: 32792	
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.			
SIGNATURE: 		DATE: 5/3/01	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Linda Giambalvo <input checked="" type="checkbox"/> Delete	STREET ADDRESS 1788 E. Cheryl Drive CITY-ST-ZIP WP 32792	TITLE Pres Jeff Eggleston <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1785 E. Cheryl Dr. CITY-ST-ZIP WP FL 32792
TITLE NAME Deborah Riskey <input checked="" type="checkbox"/> Delete	STREET ADDRESS 1737 W. Cheryl Dr. CITY-ST-ZIP WP 32792	TITLE v.P. Donna Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1929 E Cheryl Dr. CITY-ST-ZIP WP FL 32792
TITLE NAME Eckernode, William <input checked="" type="checkbox"/> Delete	STREET ADDRESS 1832 E. Cheryl Dr. CITY-ST-ZIP WP 32792	TITLE Secy Debra A. Manservante <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1785 E Cheryl Dr CITY-ST-ZIP WP 32792
TITLE NAME Treasurer JACK BAUMANN <input type="checkbox"/> Delete	STREET ADDRESS 1721 W. Chiswick Dr CITY-ST-ZIP Winter Park FLA 32792	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 		DATE: 5/3/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone # 407-665-7655	

CR2E037 (11/00)