

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90307 011 \*\*\*\*61.25

**DOCUMENT # N09658**

1. Entity Name  
**CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1852 E CHERY DR  
WINTER PARK, FL 32792 US**

Mailing Address  
**1852 E CHERY DR  
WINTER PARK, FL 32792 US**

**44039439**



2. Principal Place of Business  
**1801 E CHERYL DR**

3. Mailing Address  
**1801 E CHERYL DR**

04252004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

4. FEI Number  
**59-2658274**

Applied For  
Not Applicable

Zip  
**32792** Country **USA**

Zip  
**32792** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EGGLESTON, JEFF  
1785 E. CHERYL DR  
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARSTOW, GAYLEN 1801 E CHERYL DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAKAGAWA, MARK 1817 E CHERYL DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUMAN, JACK 1721 W CHERYL DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNLEY, DAVID P 1852 E CHERYL DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, BRIT 1784 E CHERYL DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGLESTON, JEFF 1785 E CHERYL DR WINTER PARK, FL 32792	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARSTOW, GAYLEN 1801 E CHERYL DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EGGLESTON, JEFF 1785 E CHERYL DR WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EARL HARDEE 1741 W CHERYL DR WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **JEFF EGLESTON**

**4-25-04 407-665-7655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #