FILED Apr 02, 2003 8:00 am § Secretary of State

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	N09658
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1. Entity Name

Carolyn estates homeowners'	ASSOCIATION,	INC.
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1785 E. CHERYL DR WINTER PARK FL 32792 US

Principal Place of Business

Mailing Address

1785 E. CHERYL DR WINTER PARK FL 32792

US

					ELLO LOCEN OZLOL OLEJE ZOLJ VIJSK	. BYRNY TURNY BYRNY BY	NI INSKI LATA	
2. Principal Place of Business 3. Mailing Address								
1852	1852 E CHERY DR 1852 E CHERY DR		Y DR					
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			D2/	CHECK HERE IF MAKING CHANGES			
00 000		0: 00:						
City & Stat		WINTER PARK	L FL	4. FEI Number 5	9-2658274		oplied For	
Zip	R PARK FL Country			Not Applicable				
32797	I ' I	Zip _32792.	Country	5. Certificate of Status Desired				
3417	6. Name and Address of Current Re		~_U:J:n	7. Name and Ado	iress of New Registere			
			Name			<u></u>		
FGGLES	TON, JEFF							
	CHERYL DR		Street A	Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32792			-	· 	· • - -			
******					·-			
			City		F	Zip Cod	ie	
8. The above	e named entity submits this statement for the	he purpose of changing its re	egistered office o	r registered agent, or both, in	the State of Florida. I a	ım familiar with,	and accept	
the obligat	tions of registered agent.		•	•			·	
	3. Add 1995							
SIGNATURE								
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)	DAT	E		
1.75	FILE NOW: FEE IS \$61.25	9. Election Camp	•	- Ψ0.00 May Bθ				
•		Trust Fund Co	ntribution,	☐ Added to Fees	Florida Dep	artment of S	State	
10,	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	110	
TITLE	VP	⊠ Delete	TITLE	V .	EO TO OTT TOE TO TAKE	Change	Addition	
NAME	ETTINGER, DONNA	Delete	NAME	GAYLEN BARST	്ല	A change		
STATET ADDRESS	1829 E. CHERYL DR		STREET ADDRESS	1801 E CHERY	LDR			
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	WINTER MAK.	FL32792			
TITLE	D ,	☐ Delete	TITLE			☐ Change	Addition	
NAME	NAKAGAWA; MARK	•	NAME			_ •	_	
STREET ADDRESS	1817 E CHERYL DRIVE		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP					
TITLE	TD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	BAUMAN, JACK		NAME					
STREET ADDRESS	1721 W CHERYL DR		STREET ADDRESS					
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP			<u></u>		
TITLE	PD	🔀 Delete	TITLÉ	PD		Change	☐ Addition	
NAMÉ	EGGLESTON, JEFF		NAME	DAVIO P TOWN	LEY			
STREET ADDRESS	1785 E. CHERYL DR		STREET ADDRESS	1851 E CHERY	_ DIX			
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	WINTER PARK,	FL 32792			
TITLE	S NADDEE CADI	Delete	TITLE	5	•	🔀 Change	Addition	
NAME	HARDEE, EARL		NAME	BRIT OWEN				
STREET ADDRESS	1741 W. CHERYL DR.		STREET ADDRESS	1784 E CHERY				
CITY-ST-ZIP	WINTER PARK FL 32792		CITY-ST-ZIP	WINTER PARK	, 1-6 32792			
TITLE NAME	`	Delete	TITLE	D	.d	☐ Change	X Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	JEFF EGGLEST	つい			
STREET WOUNESS			SINCEL ADDRESS	1785 E CHERYL	PiC			

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:

66LESTON 1-15.03

401-665-7655

CR2E037 (10/0)