


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>767121</b> (7)			
1. Corporation Name <b>CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>6848 GALLE COURT ORLANDO FL 32818</b>		Mailing Address <b>6848 GALLE COURT ORLANDO FL 32818-1348</b>	
2. Principal Place of Business 21 <b>6910 Rembrandt Dr</b>		2a. Mailing Address 26 <b>6910 Rembrandt Dr</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 <b>ORLANDO FLA.</b>		City & State 28 <b>ORLANDO FLA.</b>	
Zip 24 <b>32818</b>		Zip 29 <b>32818</b>	
Country 25		Country 30	
9. Name and Address of Current Registered Agent <b>PLATE, GEORGE 6848 GALLE COURT ORLANDO FL 32818</b>		10. Name and Address of New Registered Agent 81 Name <b>RONALD K. HINSINGER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6910 Rembrandt Dr.</b> 83 84 City <b>ORLANDO</b> FL 85 Zip Code <b>32818</b>	
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 obligation of, Section 617.0503, Florida Statutes. SIGNATURE <i>Ronald K. Hinsinger</i> DATE <b>2-19-97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PLATE, GEORGE	1.2 NAME	RONALD K. HINSINGER
STREET ADDRESS	6848 GALLE CT	1.3 STREET ADDRESS	6910 Rembrandt Dr.
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	ORLANDO FLA 32818
TITLE	TD	2.1 TITLE	VP
NAME	CORRIVEAU, KATHLEEN	2.2 NAME	IRIS JOHNSON
STREET ADDRESS	6756 RUBENS COURT	2.3 STREET ADDRESS	5318 RENOIR DR
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	ORLANDO FLA 32818
TITLE	VP	3.1 TITLE	S
NAME	HINSINGER, CHRISTINE	3.2 NAME	PAT BAKER
STREET ADDRESS	6910 REMBRANDT DR	3.3 STREET ADDRESS	6757 RUBENS CT.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	ORLANDO FLA 32818
TITLE	S	4.1 TITLE	T
NAME	ORSOLITS, DIANE	4.2 NAME	CHUCK LEPPERT
STREET ADDRESS	6751 RUBENS CT	4.3 STREET ADDRESS	6805 Rembrandt
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	ORLANDO FLA 32818
TITLE	D	5.1 TITLE	M
NAME	ROSS, DENISE	5.2 NAME	CHRISTINE HINSINGER
STREET ADDRESS	6818 RUBENS CT	5.3 STREET ADDRESS	6910 Rembrandt Dr.
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	ORLANDO FLA 32818
TITLE		6.1 TITLE	D
NAME		6.2 NAME	GEORGE PLATE
STREET ADDRESS		6.3 STREET ADDRESS	6848 GALLE CT
CITY - ST - ZIP		6.4 CITY - ST - ZIP	ORLANDO FLA 32818
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: <i>Ronald K. Hinsinger</i> <b>RONALD K. HINSINGER</b> 2-7-97 407-880-6008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017429</small>			



CR2E037 (9/96)