

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767121

1. Entity Name

CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90136 027 ****61.25

Principal Place of Business

Mailing Address

PO BOX 196
CLARCONA FL 32710-0196
US

PO BOX 196
CLARCONA FL 32710-0196
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2551064

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEARNS, JAMES
6926 REMBRANDT DRIVE
ORLANDO FL 32818

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$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 ☒ Delete
NAME FOSTER, RICK
STREET ADDRESS 6934 REMBRANDT DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ Change ☐ Addition
NAME RICK FOSTER
STREET ADDRESS 6934 REMBRANDT DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME KEARNS, JAMES
STREET ADDRESS 6926 REMBRANDT DRIVE
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ Change ☐ Addition
NAME JAMES KEARNS
STREET ADDRESS 6926 REMBRANDT DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME WEST, KATHLEEN H.
STREET ADDRESS 6756 RUBENS CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME KATHLEEN H. WEST
STREET ADDRESS 6756 RUBENS CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Delete
NAME KACZMAREK, CONSTANCE
STREET ADDRESS 6821 REMBRANDT DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☐ Addition
NAME CONSTANCE KACZMAREK
STREET ADDRESS 6821 REMBRANDT DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ Delete
NAME COPPOCK, LEE
STREET ADDRESS 6917 REMBRANDT DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ Change ☒ Addition
NAME TRISHA COPPOCK
STREET ADDRESS 6917 REMBRANDT DR.
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☒ Delete
NAME WATTS, DEXTER
STREET ADDRESS 6838 REMBRANDT DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ Change ☒ Addition
NAME KIMBERLY WATTS
STREET ADDRESS 6838 REMBRANDT DR.
CITY-ST-ZIP ORLANDO FL 32818

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. KEARNS 01/17/02 719-2250

Date

Daytime Phone #

CR2E037 (9/01)