
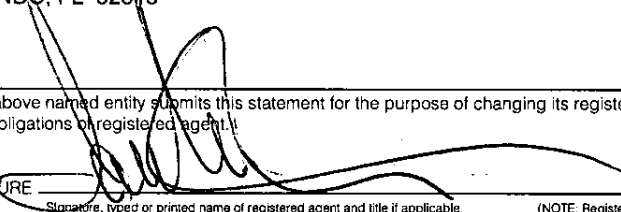
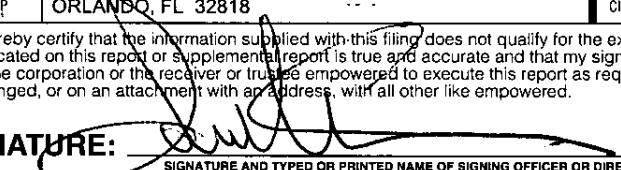


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90557 042 ****61.25

DOCUMENT # 767121 1. Entity Name CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PO BOX 196 CLARCONA, FL 32710-0196 US			Mailing Address 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			
Zip	Country	Zip	Country		
4. FEI Number 59-2551064				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="text-align: right;">FL Zip Code</div>		
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  04/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEARNS, JIM		NAME	PLATE, GEORGE	
STREET ADDRESS	6926 REMBRANDT DR		STREET ADDRESS	6848 GALLE CT.	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATE, GEORGE		NAME	PETERSON, DAVID	
STREET ADDRESS	6848 GALLE CT		STREET ADDRESS	5223 RENOIR DR.	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEST, KATHLEEN H.		NAME	WATTS, KIMBERLY	
STREET ADDRESS	6756 RUBENS CT		STREET ADDRESS	6838 REMBRANDT DR.	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KACZMAREK, CONSTANCE		NAME	COPPOCK, TRISHA	
STREET ADDRESS	6821 REMBRANDT DR		STREET ADDRESS	6917 REMBRANDT DR.	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPPOCK, TRISHA		NAME	JAMES KEARNS	
STREET ADDRESS	6917 REMBRANDT DR		STREET ADDRESS	6926 REMBRANDT DR	
CITY-ST-ZIP	ORLANDO, FL 32818		CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIR <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATTS, KIMBERLY		NAME	WEST, KATHLEEN	
STREET ADDRESS	6838 REMBRANDT DR		STREET ADDRESS	6756 RUBENS CT	
CITY-ST-ZIP	ORLANDO, FL 32818		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: 			04/15/04 407-284-2166 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					