

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90175 007 \*\*\*\*61.25

<b>DOCUMENT # 767121</b> 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02282005 Chg-NP CR2E037 (10/03)	
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  KEARNS, JAMES 6926 REMBRANDT DRIVE ORLANDO, FL 32818			7. Name and Address of New Registered Agent Name - <u>GEORGE HOWARD PLATE</u> Street Address (P.O. Box Number is Not Acceptable) <u>6848 GALLE CT</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32818</u>		
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 <u>George H. Plate (PRES.)</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P PLATE, GEORGE 6848 GALLE CT ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, DAVID 5223 RENOIR DR ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DAVID PETERSON 5223 RENOIR DR ORLANDO FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATTS, KIMBERLY 6838 REMBRANDT DR ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WATTS, KIMBERLY 6838 REMBRANDT DR ORLANDO FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COPPOCK, TRISHA 6917 REMBRANDT DR ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBARA BRAMBIER 6918 REMBRANDT DR ORLANDO FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEARNY, JAMES 6926 REMBRANDT DR ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM KEARNS 6926 REMBRANDT DR ORLANDO FL 32818	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, KATHLEEN 6756 RUBENS CT ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
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: <u>George H. Plate</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2/28/05</u> 407-295-3533 <small>Date Daytime Phone #</small>	