


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-NP CR2E037 (4/06)

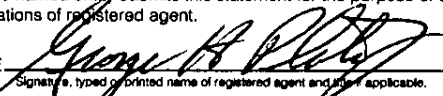
4. FEI Number 59-2551064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PLATE, GEORGE HOWARD
6848 GALLE CT
ORLANDO, FL 32818**

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IN THIS SPACE

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:  2/20/07
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	PLATE, GEORGE 6848 GALLE CT ORLANDO, FL 32818
TITLE V/D	PETERSON, DAVID 5223 RENOIR DR ORLANDO, FL 32818
TITLE S/T	WATTS, KIMBERLY 6838 REMBRANDT DR ORLANDO, FL 32818
TITLE D	BRAMMER, BARBARA 6918 REMBRANDT DR ORLANDO, FL 32818
TITLE D	WEST, KATHLEEN 6756 RUBENS CT ORLANDO, FL 32818
TITLE 	

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U00000646420
03/06/07-80030-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **GEORGE H. PLATE** 2/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #