

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 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**



01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2551064

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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: George H. Plate **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/18/08

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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01/28/08-80017-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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 **GEORGE H. PLATE** 1/18/08 **3522423900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #