

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767121

FILED
Apr 12, 2009
Secretary of State

Entity Name: CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 196
CLARCONA, FL 327100196 US

New Principal Place of Business:

6848 GALLE CT
ORLANDO, FL 32818 US

Current Mailing Address:

PO BOX 196
CLARCONA, FL 327100196 US

New Mailing Address:

FEI Number: 59-2551064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLATE, GEORGE
Address: 6848 GALLE CT
City-St-Zip: ORLANDO, FL 32818

Title: V/D () Delete
Name: PETERSON, DAVID
Address: 5223 RENOIR DR
City-St-Zip: ORLANDO, FL 32818

Title: S/T () Delete
Name: WATTS, KIMBERLY
Address: 6838 REMBRANDT DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: BRAMMER, BARBARA
Address: 6918 REMBRANDT DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: WEST, KATHLEEN
Address: 6756 RUBENS CT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE H PLATE

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date