

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767121

FILED  
Mar 14, 2010  
Secretary of State

**Entity Name:** CAROLINE ESTATES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6848 GALLE CT  
ORLANDO, FL 32818 US

**New Principal Place of Business:**

**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  
Name: PLATE, GEORGE  
Address: 6848 GALLE CT  
City-St-Zip: ORLANDO, FL 32818

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE H PLATE

PRES

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date