2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000003352

1. Entity Name
HOMEOWNERS' ASSOCIATION OF SAN CARLOS ESTATES, INC.

Principal Place of Business
P.O. BOX 367531
BONITA SPRINGS, FL 34136-7531

Mailing Address
P.O. BOX 367531
BONITA SPRINGS, FL 34136-7531

01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3652942 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICKERSON, JOHN
25251 BUSY BEE DRIVE
BONITA SPRINGS, FL 34135

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2008

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

U00000787216
01/17/08-80073-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NICKERSON, JOHN
STREET ADDRESS	25251 BUSY BEE DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VD
NAME	BUCY, BONNIE
STREET ADDRESS	25335 CATSKILL DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	TD
NAME	TAPPLY, JUDITH
STREET ADDRESS	24476 STILLWELL PKWY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	SDT
NAME	WILCOXEN, DENA
STREET ADDRESS	24410 STILLWELL PKWY
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1-14-08 (239) 947-1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #