

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003352

FILED
Jan 12, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 367531
BONITA SPRINGS, FL 341367531

New Principal Place of Business:

SAN CARLOS ESTATES
BONITA SPRINGS, FL 341367531

Current Mailing Address:

P.O. BOX 367531
BONITA SPRINGS, FL 341367531

New Mailing Address:

FEI Number: 59-3652942 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NICKERSON, JOHN
25251 BUSY BEE DRIVE
BONITA SPRINGS, FL 34135 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: PD () Delete
Name: NICKERSON, JOHN
Address: 25251 BUSY BEE DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: BUCY, BONNIE
Address: 25335 CATSKILL DR.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: TAPPLY, JUDITH
Address: 24476 STILLWELL PKWY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SDT () Delete
Name: WILCOXEN, DENA
Address: 24410 STILLWELL PKWY
City-St-Zip: BONITA SPRINGS, FL 34135

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:

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: JOHN NICKERSON

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date