

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # **N03568** (5)
1. Corporation Name
CAROLYN COVE ASSOCIATION, INC.

Principal Place of Business Mailing Address
4469 CAROLYN COVE LANE, NORTH JACKSONVILLE FL 32258 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **06/11/1984** 3a. Date of Last Report **07/22/1994**
4. FEI Number **59-2424429** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WITTIG, MARTHA C.
4469 CAROLYN COVE LANE, NORTH
JACKSONVILLE FL 32258**

10. Name and Address of New Registered Agent
81 Name **O'Brien, Mary**
82 Street Address (P.O. Box Number is Not Acceptable) **4490 Carolyn Cove Ln. S.**
83
84 City **Jacksonville** FL 85 Zip Code **32258**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Mary O'Brien* (NOTE: Registered Agent signature required when reinstating) DATE **2-14-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WITTIG, MARTHA
STREET ADDRESS	4488 CAROLYN COVE LN N
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	COOPER, SUSAN
STREET ADDRESS	4479 CAROLYN COVE LN S.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	O'BRIEN, MARY
STREET ADDRESS	4490 CAROLYN COVE LANE, SOUTH
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	BAGDONAS, ED
STREET ADDRESS	4471 CAROLYN COVE LANE, SOUTH
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	KAPLAN, BEVERLY
STREET ADDRESS	4582 CAROLYN COVE LANE, SOUTH
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'Brien, Mary	
1.3 STREET ADDRESS	4490 Carolyn Cove Ln. S.	
1.4 CITY - ST - ZIP	Jacksonville, FL. 32258	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Riehl, Deborah	
2.3 STREET ADDRESS	4555 Carolyn Cove Ln. S.	
2.4 CITY - ST - ZIP	Jacksonville, FL. 32258	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marden, Doris	
3.3 STREET ADDRESS	4477 Carolyn Cove Ln. N.	
3.4 CITY - ST - ZIP	Jacksonville, FL. 32258	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Foote, Ray	
4.3 STREET ADDRESS	4607 Carolyn Cove Ln. N.	
4.4 CITY - ST - ZIP	Jacksonville, FL. 32258	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Mary O'Brien* (Name) **2-14-95** (Date)