

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **NO 3568 (5)**
1. Corporation Name
CAROLYN-COVE ASS. INC

900001778039
-04/12/96--01021--016
*****61.25**

Principal Place of Business Mailing Address
4508 CAROLYN COVE N JAX FL 32258 **4508 CAROLYN COVE JAX FL 32258**

3. Date Incorporated or Qualified **06/11/1984** 3a. Date of Last Report **2-14-95**
4. FEI Number **59-242-4429** 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**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E. J. ECKARDT
4508 CAROLYN COVE N
JAX, FL 32258

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE E. J. Eckardt T DATE **4-7-96**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, MARY	
STREET ADDRESS	4490 CAROLYN COVE S	
CITY-ST-ZIP	JAX FL 32258	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RAY FOOTE	
STREET ADDRESS	4507 CAROLYN COVE	
CITY-ST-ZIP	JAX FL 32258	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEBORAH RIEHL	
STREET ADDRESS	4555 CAROLYN COVE	
CITY-ST-ZIP	JAX FL 32258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEVERLY KAPLAN	
STREET ADDRESS	4582 CAROLYN COVE	
CITY-ST-ZIP	JAX FL 32258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P	Change <input checked="" type="checkbox"/> Addition
12 NAME	BOB WALES	
13 STREET ADDRESS	4556 CAROLYN COVE N	
14 CITY-ST-ZIP	JAX, FL 32258	
21 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	KURT LIEBENDORFER	
23 STREET ADDRESS	4469 CAROLYN COVE	
24 CITY-ST-ZIP	JAX FL 32258	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	SUSAN COOPER	
33 STREET ADDRESS	4479 CAROLYN COVE	
34 CITY-ST-ZIP	JAX FL 32258	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	E. J. ECKARDT	
43 STREET ADDRESS	4508 CAROLYN COVE	
44 CITY-ST-ZIP	JAX, FL 32258	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	MARTHA WITTIG	
53 STREET ADDRESS	4488 CAROLYN COVE	
54 CITY-ST-ZIP	JAX, FL 32258	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	BILL ROACH	
63 STREET ADDRESS	4524 CAROLYN COVE	
64 CITY-ST-ZIP	JAX FL 32258	

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 119.07(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 on an attachment with an address.

SIGNATURE: E. J. Eckardt DATE: **4-7-96** DAYTIME PHONE #: **268 7062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)