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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N03568 (5)

1. Corporation Name
CAROLYN COVE ASSOCIATION, INC.



Principal Place of Business Mailing Address
4508 CAROLYN COVE N JACKSONVILLE FL 32258 US
4508 CAROLYN COVE N JACKSONVILLE FL 32258-2181 US

3. Date Incorporated or Qualified 06/11/1984
3a. Date of Last Report 04/11/1996

| | | | |
|--------------------------------|-------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2424429 | Applied For Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24. Country | 29. Country | | |

9. Name and Address of Current Registered Agent
ECKARDT, E J
4508 CAROLYN COVE N
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent
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* DATE: 1-18-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | WALES, BOB | |
| STREET ADDRESS | 4556 CCAROLYN COVE N | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | LIEBENDORFER, KURT | |
| STREET ADDRESS | 4469 CAROLYN COVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | COOPER, SUSAN | |
| STREET ADDRESS | 44798 CAROLYN COVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ECKARDT, E J | |
| STREET ADDRESS | 4508 CAROLYN COVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WITTIG, MARTHA | |
| STREET ADDRESS | 4488 CAROLYN COVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROACH, BILL | |
| STREET ADDRESS | 4524 CAROLYN COVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32258 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | WALES, BOB | |
| 1.3 STREET ADDRESS | 4556 CAROLYN COVE N | |
| 1.4 CITY-ST-ZIP | JAX, FL 32258 | |
| 2.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | EICHORN, JAYNI | |
| 2.3 STREET ADDRESS | 4539 CAROLYN COVE, S | |
| 2.4 CITY-ST-ZIP | JAX, FL 32258 | |
| 3.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BAGDONAS, ED | |
| 3.3 STREET ADDRESS | 4471 CAROLYN COVE, S | |
| 3.4 CITY-ST-ZIP | JAX, FL 32258 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | WALLEY, SUSAN | |
| 4.3 STREET ADDRESS | 4515 CAROLYN COVE S | |
| 4.4 CITY-ST-ZIP | JAX 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* (E. J. ECKARDT) DATE: 1-18-97 268 7062
Signature and typed or printed name of signing officer or director

CR2E037 (9/96)