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Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State	24. Zip	28. Zip
25. Country	29. Country	30. Country	30. Country

3. Date Incorporated or Qualified	06/11/1984
4. FEI Number	59-2424429
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 **JAYNI EICHORN**
 82. Street Address (P.O. Box Number is Not Acceptable)
4539 CAROLYN COVE S.
 83. City **JACKSONVILLE** FL 85. Zip Code **32258**

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: *J. Eichhorn* **J. EICHORN** DATE: **1/16/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALES, BOB	
STREET ADDRESS	4556 CAROLYN COVE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EICHORN, JAYNI	
STREET ADDRESS	4539 CAROLYN COVES S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAG-DONAS, ED	
STREET ADDRESS	4471 CAROLYN COVE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALLEY, SUSAN	
STREET ADDRESS	4515 CAROLYN COVE S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROACH, BILL	
STREET ADDRESS	4524 CAROLYN COVE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRIS HARTLESS	
1.3 STREET ADDRESS	4591 CAROLYN COVE N	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRAD BELLINGRATH	
2.3 STREET ADDRESS	4532 CAROLYN COVE N	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ERIC FOSTER	
3.3 STREET ADDRESS	4582 CAROLYN COVE S.	
3.4 CITY-ST-ZIP	JACKSONVILLE FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EJ ECKARDT	
4.3 STREET ADDRESS	4508 CAROLYN COVE N	
4.4 CITY-ST-ZIP	JACKSONVILLE FL	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SUSAN COOPER	
5.3 STREET ADDRESS	4479 CAROLYN COVE S	
5.4 CITY-ST-ZIP	JACKSONVILLE FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *J. Eichhorn* **J. EICHORN** DATE: **1/16/98** PHONE: **268 2310**

CR2E037 (10/97)