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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03568
1. Corporation Name
CAROLYN COVE ASSOCIATION, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/11/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-242429
24 Country	29 Country	Applied For
25	30	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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EICHBEN, JAYNI 4539 CAROLYN COVE, S JACKSONVILLE FL 32258	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
JAYNI EICHHORN	FL

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: *Jayni Eichhorn* DATE: 1/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLESS, KRIS	1.2 NAME	
STREET ADDRESS	4501 CAROLYN COVE, N	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLINGRATH, BRAD	2.2 NAME	
STREET ADDRESS	4532 CAROLYN COVE, N	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ERIC	3.2 NAME	
STREET ADDRESS	4582 CAROLYN COVE, S	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	02-25-1999 00024 006 \$61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ECKARDT, E J	4.2 NAME	
STREET ADDRESS	4508 CAROLYN COVE, S	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROACH, BILL	5.2 NAME	BOB WALS
STREET ADDRESS	4524 CAROLYN COVE	5.3 STREET ADDRESS	4556 CAROLYN COVE, N.
CITY-ST-ZIP	JACKSONVILLE FL 32258	5.4 CITY-ST-ZIP	JAY FL 32258
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COOPER, SUSAN	6.2 NAME	
STREET ADDRESS	4479 CAROLYN COVE, S	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Jayni Eichhorn* DATE: 1/16/99 TIME: 904 268 2310

CR2E037 (1/198)