

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90025 008 \*\*\*\*61.25

**DOCUMENT # N03568**

1. Entity 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

2. Principal Place of Business

4555 CAROLYN COVE LN S

3. Mailing Address

4555 CAROLYN COVE LNS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2424429

Applied For

Not Applicable

Zip

32258

Country

DUVAL

Zip

32258

Country

DUVAL

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EICHHRN, JAYNI  
 4539 CAROLYN COVE, S  
 JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

Name RIEHL, DEBORAH  
 Street Address (P.O. Box Number is Not Acceptable)  
4555 CAROLYN COVE LANE S  
 City JACKSONVILLE FL Zip Code 32258

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Deborah Riehl DEBORAH E RIEHL; TREASURER 2/15/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTLESS, KRIS	
STREET ADDRESS	4591 CAROLYN COVE, N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELLINGRATH, BRAD	
STREET ADDRESS	4532 CAROLYN COVE, N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FOSTER, ERIC	
STREET ADDRESS	4582 CAROLYN COVE, S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ECKARDT, E J	No CHANGE
STREET ADDRESS	4508 CAROLYN COVE, S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALES, BOB	
STREET ADDRESS	4556 CAROLYN COVE, N.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, SUSAN	
STREET ADDRESS	4479 CAROLYN COVE, S	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARMSTRONG, BILL	
STREET ADDRESS	4472 Carolyn Cove Lane North	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARDEN, DORIS	
STREET ADDRESS	4477 Carolyn Cove Ln North	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, ERIK	
STREET ADDRESS	SAME ADDRESS	
CITY-ST-ZIP		
TITLE	DIRECTOR TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEHL, DEBORAH E	
STREET ADDRESS	4555 CAROLYN COVE LN, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, BOB	
STREET ADDRESS	4548 CAROLYN COVE LANE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Riehl DEBORAH RIEHL 2/15/2000 904/886-0371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)