

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90014 002 \*\*\*\*61.25

0013710

**DOCUMENT # N03568**  
 1. Entity Name  
**CAROLYN COVE ASSOCIATION, INC.**

Principal Place of Business 4555 CAROLYN COVE LN S JACKSONVILLE FL 32258 US	Mailing Address 4555 CAROLYN COVE LN S JACKSONVILLE FL 32258 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4555 CAROLYN COVE LNS</b>	3. Mailing Address <b>4555 CAROLYN COVE LNS</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE, FLORIDA</b>	City & State <b>JACKSONVILLE FLORIDA</b>
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4. FEI Number <b>59-2424429</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32258</b>	Country <b>DUVAL</b>	Zip <b>32258</b>	Country <b>DUVAL</b>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**RIEHL, DEBORAH**  
**4555 CAROLYN COVE LANE S**  
**JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 E. Riehl* **DEBORAH E. RIEHL, TREASURER** 2/16/2001  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARMSTRONG, BILL</b> <b>4472 CAROLYN COVE LANE NORTH</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARDEN, DORIS</b> <b>4477 CAROLYN COVE LN NORTH</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FOSTER, ERIK</b> <b>4582 CAROLYN COVE, S</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKARDT, E J</b> <b>4508 CAROLYN COVE, S</b> <b>JACKSONVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RIEHL, DEBORAH E</b> <b>4555 CAROLYN COVE LN, SOUTH</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>COOPER, SUSAN</b> <b>4479 CAROLYN COVE, S</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BOATRIGHT, P</b> <b>4588 CAROLYN COVE W S</b> <b>JACKSONVILLE FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>FOSTER, ERIK</b> <b>4582 CAROLYN COVE LN, S</b> <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>GRANT, RON</b> <b>4594 CAROLYN COVE LN S</b> <b>JACKSONVILLE, FL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E. Riehl* **DEBORAH E. RIEHL** 2/16/2001 904/986-0371  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)