

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90078 041 ****61.25

DOCUMENT # N03568

Entity Name

CAROLYN COVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

55 CAROLYN COVE LN S
 JACKSONVILLE FL 32258

4555 CAROLYN COVE LN S
 JACKSONVILLE FL 32258
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2424429

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIEHL, DEBORAH
4555 CAROLYN COVE LANE S
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

2/1/2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------|---------------------------|----------------|------------------------------------|-------------|------------------------|--|-------|-----------------|--|------|----------------------|--|----------------|-------------------------------|--|-------------|-------------------------------|--|
| <table border="1"> <tr> <td>DELETE</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>D BOATRIGHT, P</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4588 CAROLYN COVE LN S</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> </tr> </table> | DELETE | <input checked="" type="checkbox"/> Delete | NAME | D BOATRIGHT, P | STREET ADDRESS | 4588 CAROLYN COVE LN S | CITY-ST-ZIP | JACKSONVILLE FL | <table border="1"> <tr> <td>TITLE</td> <td>DIRECTOR</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MARGO LODES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4474 CAROLYN COVE LN S</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32258</td> <td></td> </tr> </table> | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | MARGO LODES | | STREET ADDRESS | 4474 CAROLYN COVE LN S | | CITY-ST-ZIP | JACKSONVILLE, FL 32258 | |
| DELETE | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | |
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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

2/1/2002

904/886-0371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)