


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90041 037 ****61.25

DOCUMENT # N03568					
1. Entity Name CAROLYN COVE ASSOCIATION, INC.					
Principal Place of Business 4523 CAROLYN COVE LN. SO. JACKSONVILLE, FL 32258 US			Mailing Address 4523 CAROLYN COVE LN. SO. JACKSONVILLE, FL 32258 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2424429	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENOIT, SHIRLEY 4523 CAROLYN COVE LANE S. JACKSONVILLE, FL 32258			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LODES, MARGO		NAME		
STREET ADDRESS	4474 CAROLYN COVE LN S		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENOIT, SHIRLEY		NAME		
STREET ADDRESS	4523 CAROLYN COVE LANE SO.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDERMOTT, BOB		NAME	V	
STREET ADDRESS	4548 CAROLYN COVE LANE S		STREET ADDRESS	Mc Dermott, Bob	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		STREET ADDRESS	4548 Carolyn Cove Lane N	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADIGAN, MIKE		NAME		
STREET ADDRESS	4482 CAROLYN COVE LANE S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIEHL, DEBORAH E		NAME	D	
STREET ADDRESS	4555 CAROLYN COVE LN, SOUTH		STREET ADDRESS	Riehl, Deborah E.	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		STREET ADDRESS	4555 Carolyn Cove Ln, South	
CITY-ST-ZIP	JACKSONVILLE, FL 32258		CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, SUSAN		NAME	S	
STREET ADDRESS	4479 CAROLYN COVE, S		STREET ADDRESS	Cooper, Susan	
CITY-ST-ZIP	JACKSONVILLE, FL		STREET ADDRESS	4479 Carolyn Cove, S.	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	Jacksonville, FL 32258	
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: <u>Shirley Benoit, Shirley Benoit, Treasurer</u> 4/6/04 904-880-4344 ext. 218					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24058800



04062004 Chg-NP CR2E037 (10/03)

Attachment

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
Continued**

Document # N03568

Entity Name: Carolyn Cove Association, Inc.

10. Officers and Directors (Continued from previous page)

Title: D
Name: Clayton Smith
Street Address: 4563 Carolyn Cove Lane S.
City-St-Zip: Jacksonville, FL 32258