

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: CAROLYN COVE ASSOCIATION, INC.

## Current Principal Place of Business:

4523 CAROLYN COVE LN. SO.  
JACKSONVILLE, FL 32258 US

## New Principal Place of Business:

## Current Mailing Address:

4523 CAROLYN COVE LN. SO.  
JACKSONVILLE, FL 32258 US

## New Mailing Address:

FEI Number: 59-2424429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BENOIT, SHIRLEY  
4523 CAROLYN COVE LANE S.  
JACKSONVILLE, FL 32258 US

## Name and Address of New Registered Agent:

RIEHL, DEBORAH  
4555 CAROLYN COVE LANE SOUTH  
JACKSONVILLE, FL 32258 US

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

04/29/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LODES, MARGO  
Address: 4474 CAROLYN COVE LN S  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T ( ) Delete  
Name: BENOIT, SHIRLEY  
Address: 4523 CAROLYN COVE LANE SO.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: V ( ) Delete  
Name: MCDERMOTT, BOB  
Address: 4548 CAROLYN COVE LANE N  
City-St-Zip: JACKSONVILLE, FL 32258

Title: P ( ) Delete  
Name: MADIGAN, MIKE  
Address: 4482 CAROLYN COVE LANE S.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete  
Name: RIEHL, DEBORAH E  
Address: 4555 CAROLYN COVE LN, SOUTH  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete  
Name: COOPER, SUSAN  
Address: 4479 CAROLYN COVE, S  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FOSTER, ERIC  
Address: 4582 CAROLYN COVE LN S  
City-St-Zip: JACKSONVILLE, FL 32258

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH E RIEHL

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date