

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