

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: CAROLYN COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

4472 CAROLYN COVE LN. NORTH.  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

4472 CAROLYN COVE LN. NORTH.  
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:**

ARMSTRONG, WILLIAM S  
4472 CAROLYN COVE LANE NORTH  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TREA ( ) Delete  
Name: FOSTER, ERIC  
Address: 4582 CAROLYN COVE LN S  
City-St-Zip: JACKSONVILLE, FL 32258

Title: PRES (X) Delete  
Name: REAVIS, BRANDON  
Address: 4594 CAROLYN COVE LANE S  
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC ( ) Delete  
Name: ARMSTRONG, WILLIAM  
Address: 4472 CAROLYN COVE LANE N  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR ( ) Delete  
Name: HAMILTON, KEN  
Address: 4540 CAROLYN COVE LN, NORTH  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR ( ) Delete  
Name: CANNON, DALE  
Address: 4579 CAROLYN COVE, S  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM S. ARMSTRONG

SEC

02/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date