

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

FILED
Apr 21, 2011
Secretary of State

Entity Name: CAROLYN COVE ASSOCIATION, INC.

Current Principal Place of Business:

4555 CAROLYN COVE LN. SOUTH
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

4555 CAROLYN COVE LN. SOUTH
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:

RIEHL, DEBORAH
4555 CAROLYN COVE LANE SOUTH
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: PRES
Name: RIEHL, DEBORAH
Address: 4555 CAROLYN COVE LN S
City-St-Zip: JACKSONVILLE, FL 32258

Title: VP
Name: BENOIT, SHIRLEY
Address: 4523 CAROLYN COVE LANE N
City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC
Name: FOOTE, MARY ANN
Address: 4507 CAROLYN COVE LN, NORTH
City-St-Zip: JACKSONVILLE, FL 32258

Title: TRES
Name: FOSTER, ERIC
Address: 4582 CAROLYN COVE, SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: DIR
Name: BROWN, ERIC
Address: 4488 CAROLYN COVE LN NORTH
City-St-Zip: JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

SIGNATURE: ERIC FOSTER

TRES

04/21/2011

Electronic Signature of Signing Officer or Director

Date