2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

FILED Jan 17, 2012 Secretary of State

Entity Name: CAROLYN COVE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4555 CAROLYN COVE LN. SOUTH

JACKSONVILLE, FL 32258 US

4580 CAROLYN COVE LN. NORTH

JACKSONVILLE, FL 32258 US

JACKSONVILLE, FL 32258 US

Current Mailing Address: New Mailing Address:

4555 CAROLYN COVE LN. SOUTH

JACKSONVILLE, FL 32258 US

4580 CAROLYN COVE LN. NORTH

JACKSONVILLE, FL 32258 US

JACKSONVILLE, FL 32258 US

FEI Number: 59-2424429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIEHL, DEBORAH

4555 CAROLYN COVE LANE SOUTH

JACKSONVILLE, FL 32258 US

RIEHL, WILLIAM

4555 CAROLYN COVE LANE SOUTH

JACKSONVILLE, FL 32258 US

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: WILLIAM RIEHL 01/17/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: RIEHL, WILLIAM

Address: 4555 CAROLYN COVE LN S City-St-Zip: JACKSONVILLE, FL 32258

Title: VP

Name: BENOIT, ANDREW T Address: 4523 CAROLYN COVE LANE N

City-St-Zip: JACKSONVILLE, FL 32258

Title: SEC

Name: SUNDIE, SCOTT

Address: 4490 CAROLYN COVE LANE SOUTH

City-St-Zip: JACKSONVILLE, FL 32258

Title: TRES

Name: ALLEN, PAUL E

Address: 4580 CAROLYN COVE, NORTH

City-St-Zip: JACKSONVILLE, FL

Title: DIR

Name: CANNON, DALE

Address: 4579 CAROLYN COVE LN SOUTH City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR

Name: HAMILTON, KEN

Address: 4540 CAROLYN COVE, 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: PAUL E. ALLEN TRES 01/17/2012