


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90175 004 ****61.25

DOCUMENT # N03568

1. Entity Name
CAROLYN COVE ASSOCIATION, INC.



Principal Place of Business
**4555 CAROLYN COVE LN S
JACKSONVILLE FL 32258
US**

Mailing Address
**4555 CAROLYN COVE LN S
JACKSONVILLE FL 32258
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4523 Carolyn Cove Ln So.

3. Mailing Address
4523 Carolyn Cove Ln So.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-2424429**

Applied For
 Not Applicable

Zip **32258** Country **Duval**

Zip **32258** Country **Duval**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**RIEHL, DEBORAH
4555 CAROLYN COVE LANE S
JACKSONVILLE FL 32258**

7. Name and Address of New Registered Agent

Name **Benoit, Shirley**

Street Address (P.O. Box Number is Not Acceptable)
4523 Carolyn Cove Lane S

City **Jacksonville** FL Zip Code **32258**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Shirley Benoit** **Shirley Benoit, Treasurer** **3/23/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LODES, MARGO	
STREET ADDRESS	4474 CAROLYN COVE LN S	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARDEN, DORIS	
STREET ADDRESS	4477 CAROLYN COVE LN NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, BOB	
STREET ADDRESS	4548 CAROLYN COVE LANE S	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRANT, RON	
STREET ADDRESS	4594 CAROLYN COVE LN S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RIEHL, DEBORAH E	
STREET ADDRESS	4555 CAROLYN COVE LN, SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOPER, SUSAN	
STREET ADDRESS	4479 CAROLYN COVE, S	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benoit, Shirley	
STREET ADDRESS	4523 Carolyn Cove Lane So.	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDermott, Bob	
STREET ADDRESS	4548 Carolyn Cove Lane S	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madigan, Mike	
STREET ADDRESS	4482 Carolyn Cove Lane S	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riehl, Deborah E	
STREET ADDRESS	4555 Carolyn Cove Ln, South	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

#11- continued on attached sheet

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shirley Benoit** **Shirley Benoit** **3/23/03** **904-880-4344 ext 218**

CR2E037 (10/02)

Attachment

10055397

2003 Not for Profit Corporation Uniform Business Report (UBR)

(CONTINUED)

Document #N03568

Entity Name: Carolyn Cove Association, Inc.

CONTINUATION OF 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

Addition

TITLE: D
NAME: Smith, Clayton
STREET ADDRESS: 4563 Carolyn Cove Lane So.
CITY-ST-ZIP: Jacksonville, FL 32258