

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90249 004 ****61.25

DOCUMENT # N06000005858

1. Entity Name
CAROLINA COMMONS OWNERS' ASSOCIATION, INC.



Principal Place of Business
3775 AIRPORT RD N
STE B
NAPLES, FL 34105

Mailing Address
3775 AIRPORT RD N
STE B
NAPLES, FL 34105



04112008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
26-0224514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOOVER, WILLIAM L
3775 AIRPORT RD N
STE B
NAPLES, FL 34105

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOOVER, WILLIAM L
STREET ADDRESS 5690 WAX MYRTLE WAY
CITY-ST-ZIP NAPLES, FL 34109

TITLE VPD
NAME VUKOBRATOVICH, GEORGE
STREET ADDRESS 2400 9TH ST NORTH - STE 101
CITY-ST-ZIP NAPLES, FL 34103

TITLE SD
NAME STERK, JEREMY
STREET ADDRESS 2875 GARLAND RD
CITY-ST-ZIP NAPLES, FL 34117

TITLE T
NAME HOOVER, CHARLENE S
STREET ADDRESS 3775 AIRPORT RD N STE B
CITY-ST-ZIP NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #