

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # W08308 1. Corporation Name Carlyn Estates Association Inc			
Principal Place of Business 5611 Bayshore Rd Palmetto Fl. 34221 Lot 22 9302		Mailing Address 5611 Bayshore Rd Palmetto Fl. 34221 9302	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	3/21/85	4/16/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	592505091	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Kavanaugh - E. Cune # 111 233 15th St W. Bradenton, FL 33505		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE James C Deming Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	<input type="checkbox"/> DELETE	1.1 TITLE D. Ferguson, Virginia	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Deming, James C		1.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 118		1.3 STREET ADDRESS 5611 Bayshore Rd Lot 38	
CITY-ST-ZIP Palmetto Fl 34221		1.4 CITY-ST-ZIP Palmetto Fl 34221	
TITLE Palmetto, Billye	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 4		2.3 STREET ADDRESS	
CITY-ST-ZIP Palmetto Fl. 34221		2.4 CITY-ST-ZIP	
TITLE Ballast, Ralph	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 58		3.3 STREET ADDRESS	
CITY-ST-ZIP Palmetto Fl 34221		3.4 CITY-ST-ZIP	
TITLE Secretary-Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Brooks, Noah		4.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 22		4.3 STREET ADDRESS	
CITY-ST-ZIP Palmetto, Fl. 34221		4.4 CITY-ST-ZIP	
TITLE Cassner, Shirley	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 119		5.3 STREET ADDRESS	
CITY-ST-ZIP Palmetto Fl 34221		5.4 CITY-ST-ZIP	
TITLE Robert Hitchcock	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS 5611 Bayshore Rd Lot 50		6.3 STREET ADDRESS	
CITY-ST-ZIP Palmetto Fl. 34221		6.4 CITY-ST-ZIP	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: James C Deming		5/26/97 941.7226995 Date Daytime Phone #	

CR2E037 (9/96)