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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08308

1. Corporation Name

CARLYN ESTATES ASSOCIATION, INC.

Principal Place of Business

5611 BAYSHORE RD # 22
PALMETTO FL 34221-9302

Mailing Address

5611 BAYSHORE RD # 22
PALMETTO FL 34221-9302



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/21/1985

4. FEI Number

59-2505091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HICKCOCK, ROBERT
5611 BAYSHORE RD # 50
PALMETTO FL 34221-9302

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HICKCOCK, BOB
STREET ADDRESS 5611 BAYSHORE RD, #50
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE ST
NAME BROOKS, NICKIE
STREET ADDRESS 5611 BAYSHORE DR #22
CITY-ST-ZIP PALMETTO FL 34221 ☒ DELETE

TITLE D
NAME BERTOCCHI, RANDY
STREET ADDRESS 5611 BAYSHORE RD #51
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE D
NAME CASHNER, SHIRLEY
STREET ADDRESS 5611 BAYSHORE RD #119
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE D
NAME FERGUSON, VIRGINIA
STREET ADDRESS 5611 BAYSHORE RD #38
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

TITLE D
NAME CHAMPION, BOB
STREET ADDRESS 5611 BAYSHORE RD #77
CITY-ST-ZIP PALMETTO FL 34221 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME NELSON, BOB
1.3 STREET ADDRESS 5611 BAYSHORE RD. #126
1.4 CITY-ST-ZIP PALMETTO, FL. 34221 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME SHIRLEY LINDBERG
2.3 STREET ADDRESS 5611 BAYSHORE RD. #97
2.4 CITY-ST-ZIP PALMETTO, FL. 34221 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME NELSON, ADA
3.3 STREET ADDRESS 5611 BAYSHORE RD #126
3.4 CITY-ST-ZIP PALMETTO, FL. 34221 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Ada Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-99 941-729-2774
Date Daytime Phone #

CR2E037 (11/98)