

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09658 (8)**
1. Corporation Name
CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 1721 W CHERYL DR WINTER PARK FL 32792-6311 US
Mailing Address: 1721 W CHERYL DR WINTER PARK FL 32792-6311 US

3. Date Incorporated or Qualified: 06/10/1985
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2658274	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAUMAN, JACK 1721 W CHERYL DR WINTER PARK FL 32792		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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DOBSON, CHRIS	1.2 NAME	President Kahn, William
STREET ADDRESS	1700 W CHERYL DR	1.3 STREET ADDRESS	1772 E Cheryl Dr
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park FL 32792
TITLE	VD	2.1 TITLE	VD
NAME	GUELLETTE, GARY	2.2 NAME	Vice President Dobson, Chris
STREET ADDRESS	1745 W CHERYL DR	2.3 STREET ADDRESS	1700 W Cheryl Dr
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	SD	3.1 TITLE	SD
NAME	FRYMAN, TED	3.2 NAME	Secretary Joe Gende
STREET ADDRESS	1713 W CHERYL DR	3.3 STREET ADDRESS	1801 E Cheryl Dr
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE	TD	4.1 TITLE	TD
NAME	BAUMAN, JACK	4.2 NAME	JACK BAUMAN
STREET ADDRESS	1721 W CHERYL DR	4.3 STREET ADDRESS	1721 W Cheryl Dr
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Winter Park FLA. 32792
TITLE	D	5.1 TITLE	D
NAME	KAHN, WILLIAM	5.2 NAME	HAROLD EARL
STREET ADDRESS	1772 E CHERYL DR	5.3 STREET ADDRESS	1741 W Cheryl Dr
CITY-ST-ZIP	WINTER PARK FL	5.4 CITY-ST-ZIP	Winter Park, FL 32792
TITLE		6.1 TITLE	
NAME		6.2 NAME	000001890790
STREET ADDRESS		6.3 STREET ADDRESS	-07/11/96--01018--048
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jack W Bauman* JACK W BAUMAN 06-20-96 407-674-4375
Date Daytime Phone #
CS 7/11/96

CR2E037 (12/95)