

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 21 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/10/1985</b>	3a. Date of Last Report <b>07/11/1996</b>
4. FEI Number <b>59-2658274</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BAUMAN, JACK**  
**1721 W CHERYL DR**  
**WINTER PARK FL 32792**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAHN, WILLIAM	
STREET ADDRESS	1772 E. CHERYL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOBSON, CHRIS	
STREET ADDRESS	1700 W. CHERYL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GENDE, JOE	
STREET ADDRESS	1801 E. CHERYL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAUMAN, JACK	
STREET ADDRESS	1721 W CHERYL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARDEE, EARL	
STREET ADDRESS	1741 W. CHERYL DR	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cathy Bauman	
1.3 STREET ADDRESS	1721 W CHERYL DR	
1.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOBSON, CHRIS	
2.3 STREET ADDRESS	1700 W. CHERYL DR	
2.4 CITY-ST-ZIP	WINTER PARK FL 32792-6311	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHARON THOMPSON	
3.3 STREET ADDRESS	1733 W CHERYL DR	
3.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACK BAUMAN	
4.3 STREET ADDRESS	1721 W. CHERYL DR	
4.4 CITY-ST-ZIP	WINTER PARK FLA 32792-6311	
5.1 TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JUDY PLESS	
5.3 STREET ADDRESS	4110 CHRISTA CT	
5.4 CITY-ST-ZIP	WINTER PARK FLA.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 02-21-97

CR2E037 (4/97)