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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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3. Date Incorporated or Qualified
06/10/1985

4. FEI Number
59-2658274

Applied For	
Not Applicable	

2. Principal Place of Business 21 1761 W. CHERYL DR Suite, Apt. #, etc. 22 City & State 23 WINTER PARK FL Zip 24 32792 Country 25 USA	2a. Mailing Address 26 1761 W. CHERYL DR Suite, Apt. #, etc. 27 City & State 28 WINTER PARK FL Zip 29 32792 Country 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 DENITHORNE, JOHN
82 Street Address (P.O. Box Number is Not Acceptable) 1761 W. CHERYL DR
83
84 City WINTER PARK FL 85 Zip Code 32792

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 *John Denithorne* **PRESIDENT** **April 8, 1998**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUMAN, CATHY 1721 W CHERYL DR WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOBSON, CHRIS 1700 W. CHERYL DR WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, SHARON 1733 W CHERYL DR WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAUMAN, JACK 1721 W CHERYL DR WINTER PARK FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PLESS, JUDY 4110 CHRISTA CT WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD DENITHORNE, JOHN 1761 W. CHERYL DR WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD KAHN, WILLIAM 1772 E. CHERYL DR WINTER PARK, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD RISLEY, DEBORAH 1737 W. CHERYL DR WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TR DENITHORNE, KAY 1761 W. CHERYL DR WINTER PARK FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *John Denithorne* **April 8, 1998** **629-6595**

CR2E037 (10/97)