

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90110 012 ****70.00

DOCUMENT # N09658

1. Entity Name

CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1832
1772 E CHERYL DRIVE
WINTER PARK FL 32792
US

Mailing Address

1832
1772 E CHERYL DRIVE
WINTER PARK FL 32792-7618
US

2. Principal Place of Business

1832 E CHERYL DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

1832 E. CHERYL DRIVE
 Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK FL

4. FEI Number

59-2658274

Applied For

Not Applicable

Zip

32792

Country

USA

Zip

32792

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, WILLIAM
1772 E CHERYL DRIVE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name **ECKENRODE, WILLIAM**
 Street Address (P.O. Box Number is Not Acceptable) **1832 E. CHERYL DRIVE**
 City **WINTER PARK** FL Zip Code **32792**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	GIAMBALVO, LINDA	
STREET ADDRESS	1788 E CHERYL DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RISLEY, DEBORAH	
STREET ADDRESS	1737 W CHERYL DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARDEE, EARL	
STREET ADDRESS	1741 W CHERYL DRIVE	
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	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAHN, WILLIAM	
STREET ADDRESS	1772 E CHERYL DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK NAKAGAWA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1817 E. CHERYL DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM ECKENRODE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1832 E. CHERYL DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

Daytime Phone #

407-5399688

CR2E037 (9/99)