2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am tate

 Secretary of St
04-21-2005 90254 041 ****6

DOCUMENT # N09658 1. Entity Name CAROLYN ESTATES HOMEOWNERS' ASSOCIATION, INC.							04-21-2005 90254 041 ****61.25					
Principal Place of Business 1801 E. CHERYL DR. WINTER PARK, FL 32792 US Mailing Address 1801 E. CHERYL DR. WINTER PARK, FL 32792 US WINTER PARK, FL 32				92 US			I IRANIEN DI		erier imit mimik mimik	50041		
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Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03092005	Chg-NP	CR2E	037 (10/03)	
City & State			City	City & State				4. FEI Numb 59-265	er 58274		 	oplied For ot Applicable
Zìp	Country		Zip	Zip Cou		intry		5. Certificate	of Status Desi	red 🔲	\$8.75 Add	ditional
	6Name	and Address of Currer	nt Registere	d Agent				7. Name and	i Address of N	ew Registere	<u> </u>	
EGGLEST	ON JEEF					Name	GAY	LEN E	BARSTO	w		
1785 E. CI	HERYL DR					Street A			er is Not Accep			
WINTER F	PARK, FL	32792					1801	ECI	HERYL	DR		
						City	0 ، ال	TER PAR	k	F	Zip Cod	7 <i>0</i> 7
	e named entity tions of regist	submits this statement	for the purp	ose of changing its	registere				-	of Florida. 1 a	m familiar with,	and accept
SIGNATURE .	0/6	On tos	/	EFF EQ	elas	TON	1	1P		4-18	-05	
4	sysnaffe typed	or printed rathe of registered age	ent and title if app	icable. (NOT	E: Registere	d Agent signal	ture required	when reinstating)		DATE		
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Thereby 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

Daytime Phone #