


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N33606	
1. Entity Name FORT CAROLINE HILLS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 7121 FT CAROLINE HILLS DR JACKSONVILLE FL 32277 US	Mailing Address 7121 FT CAROLINE HILLS DR JACKSONVILLE FL 32277 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-3019868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LINDSAY, NORMAN J 7121 FT CAROLINE HILLS DR JACKSONVILLE FL 32277	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete V AUBIN, RICHARD 7101 FT. CAROLINE HILLS DR. JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DT LINDSAY, NORMAN 7121 FORT CAROLINE HILLS JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DS SUTHERLAND, ANN 7097 FORT CAROLINE HILLS DR JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P JOHNSON, HOWARD 7113 FT. CAROLINE HILLS DR. JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D SETZLER, KIM 7100 FORT CAROLINE HILLS DR JACKSONVILLE FL 32277
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete DV BOLATIWA, VICTOR 7108 FT CAROLINE HILLS DR JACKSONVILLE FL 32277

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Norman J. Lindsay</i>	Date: <i>1/18/05</i>	Daytime Phone #
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