

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3019868

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSAY, NORMAN J
7121 FT CAROLINE HILLS DR
JACKSONVILLE FL 32277**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **AUBIN, RICHARD**
STREET ADDRESS **7101 FT. CAROLINE HILLS DR.**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME **000000401361**
STREET ADDRESS **02/02/06-80041-007 61.25**
CITY- ST- ZIP

TITLE **DT** ☐ Delete
NAME **LINDSAY, NORMAN**
STREET ADDRESS **7121 FORT CAROLINE HILLS**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **DS** ☐ Delete
NAME **SUTHERLAND, ANN**
STREET ADDRESS **7097 FORT CAROLINE HILLS DR**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **P** ☐ Delete
NAME **JOHNSON, HOWARD**
STREET ADDRESS **7113 FT. CAROLINE HILLS DR.**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **SETZLER, KIM**
STREET ADDRESS **7100 FORT CAROLINE HILLS DR**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **DV** ☐ Delete
NAME **BOLATWA, VICTOR**
STREET ADDRESS **7108 FT CAROLINE HILLS DR**
CITY- ST- ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.