2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N33606

1. Entity Name FORT CAROLINE HILLS HOMEOWNERS ASSOCIATION, INC.



FILED	
Mar 05, 2007 8:00 at	m
Secretary of State	

03-05-2007 90066 025 ****61.25

nvo.			1	THE PARTY IN					
7121 FT CAROLINE HILLS DR 712		Mailing Address 7121 FT CAROLINE HILL IACKSONVILLE, FL 322			១០០,	¢0/52			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01032007	Chg-NP	CR2E	037 (12/06))
City & Stat	te	City & State		1	4. FEI Numbe 59-3019				Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 A	
	6. Name and Address of Current F	Registered Agent		7	7. Name and	Address of New	Registered	Agent	
LINDSAY.	NORMAN J		Name						
7121 FT C	AROLINE HILLS DR IVILLE, FL 32277		Street /	Address (P.C	D. Box Numbe	r is Not Acceptab	ole)		
			City				F	L Zip Co	de
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office of	r registered	agent, or both	h, in the State of F	Torida. I ar	n familiar witt	n, and accept
ale obliga	uons orregiatered agent.	,	(A)		100)		Α	
SIGNATURE	NORMAN J. LIND Signature, typed or printed name of recistered agent a	SPLY nd little if applicable /NOTE-	Registered Agent signe	and	1. Z	ussay	<u>ت</u>	3/2/0	フー
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,	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co			5.00 May Be	• ,		ck payable artment of	
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Co	ontribution.	AĎI	dded to Fees	FIG NGES TO OFFIC	erida Depa	DIRECTORS	State IN 10
10. TITLE NAME	Due by May 1, 2007	Trust Fund Co	ontribution.	AĎI	DITIONS/CHA	NGES TO OFFIC	ERS AND C	DIRECTORS	State IN 10
TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIR V AUBIN, RICHARD 7101 FT. CAROLINE HILLS DR.	Trust Fund Co	11.	AD AD J.	DITIONS/CHA VIEE OY C S9 FT.	NGES TO OFFICE PRESIDE RABTREE CAMLINE	ERS AND C	DIRECTORS (Change DA	State IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR V AUBIN, RICHARD 7101 FT. CAROLINE HILLS DR. JACKSONVILLE, FL 32277	Trust Fund Co	11. TITLE NAME	AD AD J.	DITIONS/CHA VIEE OY C S9 FT.	FIG NGES TO OFFIC	ERS AND C	DIRECTORS (Change DA	State IN 10
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JACKSONUICE, FZ 32277 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shell 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.

CITY-ST-ZIP

SIGNATURE: MET AND TYPEN OR PRINTED NAME OF SIGNATURE OF DIRECTOR

JACKSONVILLE, FL 32277

Daytime Phone #