


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

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

<b>DOCUMENT # N33606</b> 1. Entity Name <b>FORT CAROLINE HILLS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>7121 FT CAROLINE HILLS DR JACKSONVILLE, FL 32277 US</b>			Mailing Address <b>7121 FT CAROLINE HILLS DR JACKSONVILLE, FL 32277 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3019868</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINDSAY, NORMAN J 7121 FT CAROLINE HILLS DR JACKSONVILLE, FL 32277</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u>NORMAN J. LINDSAY</u> <u>Norman J. Lindsay</u> <u>3/2/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AUBIN, RICHARD 7101 FT. CAROLINE HILLS DR. JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ 1ST VICE PRESIDENT JUDY CRABTREE 7089 FT. CAROLINE HILLS DR. JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LINDSAY, NORMAN 7121 FORT CAROLINE HILLS JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUTHERLAND, ANN 7097 FORT CAROLINE HILLS DR JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SECRETARY MELODY MILLER 7112 FT. CAROLINE HILLS DR JACKSONVILLE, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, HOWARD 7113 FT. CAROLINE HILLS DR. JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SETZLER, KIM 7100 FORT CAROLINE HILLS DR JACKSONVILLE, FL 32277	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOLATIWA, VICTOR 7108 FT CAROLINE HILLS DR JACKSONVILLE, FL 32277	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ 2ND VICE PRESIDENT BOBBY HAMMOND 7053 FT. CAROLINE HILLS DR JACKSONVILLE, FL 32277	
12. I hereby certify that the information supplied with this filing 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 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: <u>NORMAN J. LINDSAY</u> <u>Norman J. Lindsay</u> <u>3/2/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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