

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90041 021 ****61.25

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 - No P.O. Box #

3. Mailing Address

7097 FT CAROLINE HILLS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-3019868

Applied For

Not Applicable

Zip

Country

Zip

Country

32277

DUVAL

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

Name

KEN SUTHERLAND

Street Address (P.O. Box Number is Not Acceptable)

7097 FT CAROLINE HILLS DR.

JACKSONVILLE, FL

City

FL

Zip Code

32277

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

KEN SUTHERLAND

Ken Sutherland

Signature, typed or printed name of registered agent and individual incorporator.

(NOTE: Registered Agent signature is required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME JUDY CRABTREE
STREET ADDRESS 7089 FT CAROLINE HILLS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☒ Change ☐ Addition
NAME KEN SUTHERLAND
STREET ADDRESS 7097 FT CAROLINE HILLS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☒ Change ☐ Addition
NAME MELODY MILLER
STREET ADDRESS 7112 FT. CAROLINE HILLS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☒ Change ☐ Addition
NAME VELMA LINDSAY
STREET ADDRESS 7121 FT. CAROLINE HILLS DR
CITY-ST-ZIP JACKSONVILLE, FL 32277

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

TITLE ☒ Change ☐ Addition
NAME BOBBY HAMMOND
STREET ADDRESS 7053 FT CAROLINE HILLS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32277

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.

SIGNATURE: *Norman J Lindsay - Norman J Lindsay* 3/2/08 (904) 744-9822