

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

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 046 ****61.25

DOCUMENT # N49128

1. Entity Name

LAKE CAROLYN ESTATES HOMEOWNERS ASSOCIATION, NC.



Principal Place of Business

**3033 YELLOW MOON DR
TALLAHASSEE FL 32312**

Mailing Address

**8033 YELLOW MOON DR
TALLAHASSEE FL 32312**



2. Principal Place of Business

5661 WIDEFIELD DR.
Suite, Apt. #, etc.

3. Mailing Address

5661 WIDEFIELD DR.
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number

59-3192770

Applied For

Not Applicable

Zip

32309

Country

USA

Zip

32309

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOONE, J.C. JR.
8033 YELLOW MOON DR
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name **DON BETHANCOURT**
Street Address (P.O. Box Number is Not Acceptable)
5661 WIDEFIELD DR
City **TALLAHASSEE** FL Zip Code **32309**

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 reappointing)

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOONE, J. C. JR.	
STREET ADDRESS	8033 YELLOW MOON DR	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, GLENN	
STREET ADDRESS	5520 WIDEFIELD DR	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSE, PATRICK M	
STREET ADDRESS	5171 WIDEFIELD RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETHANCOURT, DON	
STREET ADDRESS	5661 WIDEFIELD RD.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN BISHOP	
STREET ADDRESS	5441 WIDEFIELD DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DON BETHANCOURT	
STREET ADDRESS	5661 WIDEFIELD DR.	
CITY - ST - ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

[Signature]

4/21/06