


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90083 013 ****61.25

DOCUMENT # N49128			
1. Entity Name LAKE CAROLYN ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5661 WIDEFIELD DR TALLAHASSEE FL 32309		Mailing Address 5661 WIDEFIELD DR TALLAHASSEE FL 32309	
2. Principal Place of Business - No P.O. Box # 5251 WIDEFIELD DR.		3. Mailing Address 5251 WIDEFIELD DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL.		City & State TALLAHASSEE, FL.	
Zip 32309	Country LEON	Zip 32309	Country LEON
4. FEI Number 59-3192770		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETHANKOURT, DON 5661 WIDEFIELD DR TALLAHASSEE FL 32309		7. Name and Address of New Registered Agent Name: BILL L. COTTON Street Address (P.O. Box Number is Not Acceptable): 5251 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: BILL L. COTTON, TREASURER (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering))			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	SB SECRETARY BISHOP, MARTIN 5441 WIDEFIELD DR TALLAHASSEE FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT LAURENCE D. AUSTIN 5347 WIDEFIELD DR. TALL, FL. 32309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSE, PATRICK M 5171 WIDEFIELD DR. TALLAHASSEE FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE - PRESIDENT LARRY J. BLOCK SR. 5189 WIDEFIELD DR. TALL, FL. 32309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BETHANKOURT, DON 5661 WIDEFIELD DR TALLAHASSEE FL 32309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER BILL L. COTTON 5251 WIDEFIELD DR TALL, FL. 32309 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: BILL L. COTTON BILL L. COTTON 2/15/07 850-668-7482