2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N49128

Entity Name: LAKE CAROLYN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5251 WIDEFIELD DR
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

5251 WIDEFIELD DR
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3192770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTON, BILL L
5251 WIDEFIELD DR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BARBER, CHUCHA
Address: 4335 BRADFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: P ( ) Delete
Name: AUSTIN, LAURENCE
Address: 5347 WIDEFIELD DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Delete
Name: BLOCK SR., LARRY J
Address: 5189 WIDEFIELD DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete
Name: COTTON, BILL L
Address: 5251 WIDEFIELD DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete
Name: KLISIEWECZ, FRANCIS
Address: 5220 WIDEFIELD DR
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL L. COTTON T 02/08/2009
Electronic Signature of Signing Officer or Director — Date