FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003330 (7)**

1. Corporation Name

FT. CAROLINE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11619 TANAGER DRIVE JACKSONVILLE FL 32225	11619 TANAGER DRIVE JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WILLARD, WAYNE T
11619 TANAGER DRIVE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: WAYNE WILLARD, TREASURER — APRIL 06, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	WILLARD, WAYNE T	12 NAME	T/D
STREET ADDRESS	11619 TANAGER DRIVE	13 STREET ADDRESS	WILLARD, WAYNE 11619 TANAGER DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32225	14 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	RACHELE, CARLEY L	22 NAME	P/D
STREET ADDRESS	11736 FT. CAROLINE LAKES DR.	23 STREET ADDRESS	WAYNE SHORTRIDGE 11573 FT. CAROLINE LAKES DR.
CITY-ST-ZIP	JACKSONVILLE FL 32225	24 CITY-ST-ZIP	JACKSONVILLE, FL. 32225
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	LEGGETT, MICHAEL K	32 NAME	S/D
STREET ADDRESS	2544 EMILY LANE	33 STREET ADDRESS	MARILYNN DAWE-MOSS 11334 SKIMMER CT.
CITY-ST-ZIP	JACKSONVILLE FL 32216	34 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: WAYNE WILLARD — APRIL 06, 1995 — 645-0361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026018