2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005264

Apr 27, 2005 Secretary of State

Entity Name: CAROLINE COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 4736 BLANDING BLVD
 463499 STATE ROAD 200

 JACKSONVILLE, FL 32210
 US

 463499 STATE ROAD 200
 YULEE, FL 32097

 US
 US

Current Mailing Address: New Mailing Address:

P.O. BOX 351086 P O BOX 1987

JACKSONVILLE, FL 322235 US YULEE, FL 32041 US

FEI Number: 59-3272841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, GEORGE HG
4736 BLANDING BLVD.

JACKSONVILLE, FL 32210 US

POWELL, TERRELL J
P O BOX 1987
YULEE, FL 32041 US

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: TERRELL J POWELL 04/27/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VPD () Delete Title: ST (X) Change () Addition

Name: WHITING, PATRICIA A Name: WHITING, PATRICIA A

Address: 3014 CAROLINE CREST DRIVE EAST Address: 3014 CAROLINE CREST DRIVE EAST

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete Title: PD (X) Change () Addition Name: SHOEMAKER, RICHARD W Name: BRESLAND, BRYAN

Address: 11175 MIKRIS DRIVE NORTH Address: 11219 MIKRIS DRIVE, N
City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

 $\label{eq:title:Title:VP} {\it Title:} \qquad {\it VP} \qquad {\it (X) Change () Addition}$

 Name:
 THOMPSON, WILLIAM W
 Name:
 PERRY, LINDA

 Address:
 3046 CAROLINE CREST DR E.
 Address:
 2963 MIKRIS DRIVE, E

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:
 JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRELL J POWELL RA 04/27/2005