

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005264

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** CAROLINE COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 350210  
JACKSONVILLE, FL 32235 US

**New Mailing Address:**

2900 HARTLEY ROAD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 59-3272841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, GEORGE H ESQ  
4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 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: PD ( ) Delete  
Name: MEKARA, TINA M  
Address: 11215 MIKRIS DR N  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: DEVENNY, MARYANN  
Address: 2981 MIKRIS DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Delete  
Name: EMMERT, JOHN E  
Address: 2925 MIKRIS DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: EMMERT, MANESSA  
Address: 2925 MIKRIS DR E  
City-St-Zip: JACKSONVILLE, FL 32225

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: CLINTON PYLE

MGR

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date