# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2009**
**Secretary of State**

DOCUMENT# N94000005264

**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:**

P.O. BOX 350210
JACKSONVILLE, FL 322350210 US

**New Mailing Address:**

**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:**

HALL, GEORGE H G
4736 BLANDING BLVD
JACKSONVILLE, FL 32210 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: GEORGE H.G. HALL 01/13/2009
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: MACIOLEK, TIMOTHY S
Address: 11218 MIKRIS DR S
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Delete
Name: CRIPE, BRYAN E
Address: 11190 MIKRIS DR S
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: PD (X) Change ( ) Addition
Name: MACIOLEK, TIMOTHY S
Address: 11218 MIKRIS DR E
City-St-Zip: JACKSONVILLE, FL 322257616

Title: VPD (X) Change ( ) Addition
Name: MATTHEWS, JASON A
Address: 11214 MIKRIS DR S
City-St-Zip: JACKSONVILLE, FL 322257616

Title: STD (X) Change ( ) Addition
Name: CRIPE, BRYAN E
Address: 11190 MIKRIS DR S
City-St-Zip: JACKSONVILLE, FL 322257603

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: WILLIAM W THOMPSON AGT 01/13/2009
Electronic Signature of Signing Officer or Director Date