

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005264

FILED  
Jan 05, 2011  
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:**

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 G  
4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

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

THOMPSON, WILLIAM W  
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: WILLIAM W. THOMPSON

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACIOLEK, TIMOTHY S  
Address: PO BOX 350210  
City-St-Zip: JACKSONVILLE, FL 322350210 US

Title: VPD  
Name: GARCIA, FELIPE  
Address: PO BOX 350210  
City-St-Zip: JACKSONVILLE, FL 322350210 US

Title: STD  
Name: JONES, LEONA C  
Address: PO BOX 350210  
City-St-Zip: JACKSONVILLE, FL 322350210 US

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY MACIOLEK

PD

01/05/2011

Electronic Signature of Signing Officer or Director

Date