

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002654 (8)

1. Corporation Name

CAROLINE ARMS RESIDENT'S COUNCIL, INC.

FILED
Sep 23 1998 8:00am
Secretary of State



Principal Place of Business

Mailing Address

6457 FT CAROLINE RD #186
JACKSONVILLE FL 32277-2060

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JACKSONVILLE FL 32277-2060

3. Date Incorporated or Qualified

05/07/1997

4. FEI Number

59-3459614

☒ 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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

Caroline Arm Resident's Council, Inc.,
6457 Ft. Caroline Rd # 186
Jacksonville, Fla 32277-2060

10. Name and Address of New Registered Agent

81 Name
Caroline Arms Tenants Association, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
6457 Ft. Caroline Rd # 186
83
84 Jacksonville FL 85 Zip Code
32277-2060

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Dorothy Timley

8-3-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	HAGANS, CHESTER C	6457 FT CAROLINE RD #130	JACKSONVILLE FL 32277-2060	<input type="checkbox"/>
VP	COLEMAN, MONIQUE	6457 FT CAROLINE RD #180	JACKSONVILLE FL 32277-2060	<input type="checkbox"/>
S	LEE, IFTICIA	6457 FT CAROLINE RD #186	JACKSONVILLE FL 32277-2060	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Timley, Dorothy	6457 Ft. Caroline Rd # 16	Jacksonville, FL 32277-2060	<input checked="" type="checkbox"/>
VP	Cruz, Marie	6457 Ft Caroline Rd # 2	Jacksonville, FL 32277-2060	<input checked="" type="checkbox"/>
SD	Betty Riles	6457 Ft Caroline Rd # 184	Jacksonville, FL 32277-2060	<input checked="" type="checkbox"/>
T	Gibson, Phaleshia	6457 Ft. Caroline Rd # 198	Jacksonville, FL 32277-2060	<input checked="" type="checkbox"/>
R	Robinson	6457 Ft Caroline Rd # 189	Jacksonville, FL 32277-2060	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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:

Dorothy Timley President D 7-10-1998-904-744-3401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)