

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005167

FILED  
Apr 09, 2010  
Secretary of State

**Entity Name:** CAROUSEL COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

17595 S. TAMiami TRAIL  
100  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

17595 S. TAMiami TRAIL  
100  
FORT MYERS, FL 33908 US

**New Mailing Address:**

**FEI Number:** 59-3495158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, STEVEN  
C/O PEGASUS PROPERTY MANAGEMENT  
17595 S. TAMiami TRAIL #100  
FORT MYERS, FL 33908 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: DP  
Name: MICKUS, CHRIS  
Address: 26253 BONITA FAIRWAYS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS  
Name: ROBINSON, SANDRA  
Address: 26240 BONITA FAIRWAYS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D  
Name: MERILEES, PHIL  
Address: 26850 SAMMOSET WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP  
Name: HUTCHINS, DAVID  
Address: 26751 SAMMOSET WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT  
Name: BARTLETT, CATHERINE  
Address: 26208 BONITA FAIRWAYS CIR.  
City-St-Zip: BONITA SPRINGS, FL 34135

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: S ALLEN

A

04/09/2010

Electronic Signature of Signing Officer or Director

Date