2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2011
Secretary of State

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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: BATTISTE, DON
Address: 26163 BONITA FAIRWAYS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT
Name: SPANGLER, VAUGHN
Address: 26249 BONITA FAIRWAYS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP
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: SALLEN A 03/18/2011

Electronic Signature of Signing Officer or Director Date