

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

Entity Name: CAROLYN COVE ASSOCIATION, INC.

Current Principal Place of Business:

4580 CAROLYN COVE LN. NORTH
JACKSONVILLE, FL 32258

Current Mailing Address:

4580 CAROLYN COVE LN. NORTH
JACKSONVILLE, FL 32258 US

FEI Number: 59-2424429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIEHL, WILLIAM
4555 CAROLYN COVE LANE SOUTH
JACKSONVILLE, FL 32258 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRES
Name RIEHL, WILLIAM
Address 4555 CAROLYN COVE LANE SOUTH
City-State-Zip: JACKSONVILLE FL 32258

Title VP
Name FOSTER, ERIC
Address 4582 CAROLYN COVE LANE SOUTH
City-State-Zip: JACKSONVILLE FL 32258

Title SEC
Name SUNDIE, SCOTT
Address 4490 CAROLYN COVE LANE SOUTH
City-State-Zip: JACKSONVILLE FL 32258

Title TRES
Name ALLEN, PAUL E
Address 4580 CAROLYN COVE LANE NORTH
City-State-Zip: JACKSONVILLE FL

Title DIR
Name BENOIT, SHIRLEY
Address 4515 CAROLYN COVE LANE SOUTH
City-State-Zip: JACKSONVILLE FL 32258

Title DIR
Name COOPER, SUSAN
Address 4479 CAROLYN COVE LANE SOUTH
City-State-Zip: JACKSONVILLE FL 32258

Title DIR
Name FRUTCHEY, TOM
Address 4572 CAROLYN COVE LANE NORTH
City-State-Zip: JACKSONVILLE FL 32258

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: PAUL E ALLEN

TREASURER

02/15/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date