

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 22, 2024**

**Secretary of State**

**3784104182CC**

DOCUMENT# N03568

**Entity Name:** CAROLYN COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

4540 CAROLYN COVE LN. NORTH  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

4540 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            TURNER, GILLIAN  
Address        4563 CAROLYN COVE LANE SOUTH  
City-State-Zip: JACKSONVILLE FL 32258

Title            TRES  
Name            CROWDER, JOHN J  
Address        4540 CAROLYN COVE LANE NORTH  
City-State-Zip: JACKSONVILLE FL 32258

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: JOHN CROWDER**

**TREASURER**

**03/22/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date