#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03568

Entity Name: CAROLYN COVE ASSOCIATION, INC.

FILED
Jan 09, 2014
Secretary of State
CC7780749984

## **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 Title VP

Name RIEHL, WILLIAM Name BENOIT, ANDREW T

Address 4555 CAROLYN COVE LN S Address 4523 CAROLYN COVE LANE N

City-State-Zip: JACKSONVILLE FL 32258 City-State-Zip: JACKSONVILLE FL 32258

Title SEC Title TRES

Name SUNDIE, SCOTT Name ALLEN, PAUL E

Address 4490 CAROLYN COVE LANE SOUTH Address 4580 CAROLYN COVE, NORTH

City-State-Zip: JACKSONVILLE FL 32258 City-State-Zip: JACKSONVILLE FL

Title DIR Title DIR

Name CANNON, DALE Name HAMILTON, KEN

Address 4579 CAROLYN COVE LN SOUTH Address 4540 CAROLYN COVE, NORTH

City-State-Zip: JACKSONVILLE FL 32258 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 01/09/2014