

SECOND NOTICE: CORPORATION WILL BE DEEMED TO HAVE BEEN REINSTATED IF THE ANNUAL REPORT IS FILED ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 16 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707635

(9)

1. Corporation Name

THE CARVER RANCHES-HYDE PARK HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

4630 SW 26 STREET
HOLLYWOOD FL 33023-4422

Mailing Address

4630 SW 26 STREET
HOLLYWOOD FL 33023-4422

3. Date Incorporated or Qualified

07/24/1964

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PRICE, MARVIN
4001 SW 25 STREET
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE Marvin Price

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/13/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME PRICE, MARVIN
STREET ADDRESS 4001 SW 25TH ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ DELETE

NAME FOSTER, WILLIE F
STREET ADDRESS 4600 SW 25TH ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ DELETE

NAME BRUNSON, BARBARA
STREET ADDRESS 4630 SW 26 ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE T ☐ DELETE

NAME OUTLER, JAMES J
STREET ADDRESS 2700 SW 46TH AVE.
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ DELETE

NAME DAYS, ABIE
STREET ADDRESS 3908 SW 28TH ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/98 (305) 636-7793

CR2E037 (5/98)