

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90046 045 \*\*\*\*61.25

**DOCUMENT # 707635**

1. Entity Name

**THE CARVER RANCHES-HYDE PARK HOMEOWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**4630 SW 26 STREET  
 HOLLYWOOD FL 33023-4422**

**4630 SW 26 STREET  
 HOLLYWOOD FL 33023-4422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, MARVIN  
 4001 SW 25 STREET  
 HOLLYWOOD FL 33023**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **PRICE, MARTIN**  
 STREET ADDRESS **4001 SW 25TH ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME **PRICE, MARVIN**

TITLE **VP** ☐ Delete  
 NAME **BRUNSON, FELICIA**  
 STREET ADDRESS **4040 SW 27TH STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **BRUNSON, BARBARA**  
 STREET ADDRESS **4630 SW 26 ST.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☒ Delete  
 NAME **OUTLER, JAMES J**  
 STREET ADDRESS **2700 SW 46TH AVE.**  
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **TREASURER** ☒ Change ☒ Addition  
 NAME **FLORENCE-THOMAS-**  
 STREET ADDRESS **4780-SOUTHWEST-26-STREET**  
 CITY-ST-ZIP **HOLLYWOOD, FLORIDA 33023**

TITLE **VP** ☒ Delete  
 NAME **ANDERSON, EDDIE**  
 STREET ADDRESS **4340 S.W. 26TH ST**  
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **2ND VICE PRESIDENT** ☐ Change ☒ Addition  
 NAME **WILLIE JAMES FOSTER**  
 STREET ADDRESS **4600 SOUTHWEST 27th STREET**  
 CITY-ST-ZIP **HOLLYWOOD, FLORIDA 33023**

TITLE **SD** ☐ Delete  
 NAME **PRICE, BETTY**  
 STREET ADDRESS **4001 S W 25TH STREET**  
 CITY-ST-ZIP **W. HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

02/05/02 954-989-1264

CR2E037 (9/01)