


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90009 015 ****61.25

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # 704826 1. Entity Name CARVER CITY/LINCOLN GARDENS CIVIC & HOMEOWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 20123 TAMPA, FL 33622-1023 | | | | Mailing Address P.O. BOX 20123 TAMPA, FL 33622-1023 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent WILEY, LORRAINE 4201 W NASSAU STREET TAMPA, FL 33607 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS BAGLEY, BOBBIE 3921 W PALMETTO STREET TAMPA, FL 33607 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WILEY, LORRAINE 4201 W NASSAU ST TAMPA, FL 33607 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, JEANETTE 4021 W GRACE STREET TAMPA, FL 33607 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member At Large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIAMS, REGINALD 4212 GREEN STREET TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | member At Large Johnson, Delores <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3909 Palmetto St Tampa, FL 33607 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CURRY, NORMA L 4819 N. GOMEZ AVE TAMPA, FL 33614 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LAKE, THOMAS III 4222 GREEN STREET TAMPA, FL 33607 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Lorraine Wiley Lorraine Wiley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>02/09/06</u> (813) 871-2874 <small>Daytime Phone #</small> | | |

ATTACHMENT

60014612
#704826

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #704826

FEI NUMBER 59-2869036

Principal Place of Business and Mailing Address

Carver City/Lincoln Gardens Civic and
Homeowners Association, Inc.

P.O. Box 20123

Tampa, FL 33622-1023

11. (Cont'd) Additions/Changes to Officers and Directors in 10

| | | | |
|----------------|-------------------------|---------------------------------|--|
| Title | Corresponding Secretary | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Brown, Camilla | | |
| Street Address | 3909 LaSalle St | | |
| City-ST-Zip | Tampa, FL 33607 | | |

| | | | |
|----------------|-----------------|---------------------------------|--|
| Title | Chaplain | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Davis, William | | |
| Street Address | 4307 LaSalle St | | |
| City-ST-Zip | Tampa, FL 33607 | | |

| | | | |
|----------------|------------------|---------------------------------|--|
| Title | Member at Large | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| Name | Davis, Thelma | | |
| Street Address | 1602 N. Lois Ave | | |
| City-ST-Zip | Tampa, FL 33607 | | |

SIGNATURE: Lorraine Wiley Lorraine Wiley 02/09/06 (813) 871-2874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #