


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 044 ****61.25

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|--|--|--|--|--|--|
| 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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 59-2869036 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 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 Daniel Smith Street Address (P.O. Box Number is Not Acceptable) 4315 W. LASALLE ST City TAMPA FL 33607 | |
| 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 <u><i>Daniel Smith</i></u> DATE <u>4/08/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | Recording Secretary DAVIS, Thelma 1602 LOIS AVE TAMPA FL 33607 | <input checked="" 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 | President Daniel Smith 4315 W. LASALLE ST TAMPA FL 33607 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MAL JACKSON, JEANETTE 4021 W GRACE STREET TAMPA, FL 33607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member at Large JOHNSON, Delores 3909 Palmetto ST TAMPA FL 33607 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MAL JOHNSON, DELORES 3909 PALMETTO ST TAMPA, FL 33607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEMBER AT Large LORRAINE WILEY 4201 W. NASSAU ST TAMPA FL 33607 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | TREASURER JACKSON, JEANETTE 4021 W. GRACE ST TAMPA FL 33607 | <input checked="" 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 | Vice President Robertson, 4201 Arch ST TAMPA FL 33607 | <input checked="" 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><i>Daniel Smith</i></u> Daniel Smith President <u>4/8/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |