

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90124 016 \*\*\*\*70.00

<b>DOCUMENT # 704826</b> 1. Entity Name <b>CARVER CITY/LINCOLN GARDENS CIVIC &amp; HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 20123 TAMPA, FL 33622-1023</b>			Mailing Address <b>P.O. BOX 20123 TAMPA, FL 33622-1023</b>		
2. Principal Place of Business - No P.O. Box # <b>1512 N Clark Ave</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State Suite, Apt. #, etc.		4. FEI Number <b>59-2869036</b>	
Zip <b>33607</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, DANIEL 4315 W LASALLE ST TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name <b>Wilson Robertson, Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>4221 W Arch St</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33607</b>	
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 <b>Wilson Robertson Jr</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-17-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS DAVIS, THELMA 1602 LOIS AVE TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL WILEY, LORRAINE 4201 W NASSAU ST TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JACKSON, JEANETTE 4021 W GRACE STREET TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MAL JOHNSON, DELORES 3909 PALMETTO ST TAMPA, FL 33607</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T CURRY, NORMA L 4819 N. GOMEZ AVE TAMPA, FL 33614</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LAKE, THOMAS III 4222 GREEN STREET TAMPA, FL 33607</b>	<input checked="" 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <b>Wilson Robertson Jr</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4-17-08</b> <small>Daytime Phone #</small>	