2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# 707635

Entity Name: THE CARVER RANCHES-HYDE PARK HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

4630 SW 26 STREET
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

4630 SW 26 STREET
WEST PARK, FL 33023

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, MARVIN
4001 SW 25 STREET
WEST PARK, FL 33023 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PRICE, MARVIN	
Address:	4001 SW 25TH ST.	
City-St-Zip:	WEST PARK, FL 33023	
Title:	1VPD	(X) Delete
Name:	OUTLER, GAYE DR	
Address:	4700 SW 46 AVE	
City-St-Zip:	WEST PARK, FL 33023	
Title:	A	( ) Delete
Name:	BRUNSON, BARBARA	
Address:	4630 SW 26 ST.	
City-St-Zip:	WEST PARK, FL 33023	
Title:	2VP	( ) Delete
Name:	WHITE, CLARENCE	
Address:	4220 SW 26 ST	
City-St-Zip:	WEST PARK, FL 33023	
Title:	3VP	( ) Delete
Name:	FOSTER, WILLIE JAMES	
Address:	4595 SW 28 ST	
City-St-Zip:	WEST PARK, FL 33023	
Title:	FA	( ) Delete
Name:	HARDY, CAROLYN M	
Address:	4430 SW 18 ST	
City-St-Zip:	WEST PARK, FL 33023	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN M. HARDY FA 03/21/2009
Electronic Signature of Signing Officer or Director — Date