

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726926 (9)

1. Corporation Name

THE CARVER RANCHES-WEST HOLLYWOOD CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ASSOCIATION INC  
4200 SOUTHWEST 25TH STREET  
W HOLLYWOOD FL 33023  
US

4350 SW 21ST ST  
4200 SOUTHWEST 25TH STREET  
WEST HOLLYWOOD FL 33023  
US

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>07/10/1973   | 3a. Date of Last Report<br>05/30/1995 |
| 4. FEI Number<br>65-0041941   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COCKMAN, MADISON H ESQ  
SUITE 303 MERDEDEZ E BLDG.  
FORT LAUDERDALE FL 33306

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAUNDERS, MARY        | 1.2 NAME  |   |
| STREET ADDRESS             | 4200 S.W. 25TH STREET | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W HOLLYWOOD FL        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VT                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SMITH, ELLA J.        | 2.2 NAME  |   |
| STREET ADDRESS             | 4531 S.W. 28TH STREET | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W HOLLYWOOD FL        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MITCHELL, MINNIE L.   | 3.2 NAME  |   |
| STREET ADDRESS             | 5726 SW 18TH ST       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W HO                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | T                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GAIL VICTOR           | 4.2 NAME  |   |
| STREET ADDRESS             | 5572 SW 18TH ST       | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W HOLLYWOOD FL        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAUNDERS, GEORGE      | 5.2 NAME  |   |
| STREET ADDRESS             | 2000 S.W. 42ND AVENUE | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W HOLLYWOOD FL        | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | CAMP                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BELL, SYLVIA          | 6.2 NAME  |   |
| STREET ADDRESS             | 4250 SW 21ST ST       | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | W. HOLLYWOOD FL       | 6.4 CITY-ST-ZIP                                       |   |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Saunders

April 15, 1996 (954-9830689)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

9m  
4-26-96