

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1998 8:00am⁸
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726926** (9)
1. Corporation Name
**THE CARVER RANCHES-WEST HOLLYWOOD CIVIC ASSOCIAT
ION, INC.**

Principal Place of Business ASSOCIATION INC 4200 SOUTHWEST 25TH STREET W HOLLYWOOD FL 33023 US	Mailing Address 4350 SW 21ST ST 4200 SOUTHWEST 25TH STREET WEST HOLLYWOOD FL 33023 US
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3. Date incorporated or Qualified

07/10/1973

4. FEI Number

65-0041941

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE **PD** ☐ DELETE

NAME **SAUNDERS, MARY**
STREET ADDRESS **4200 S.W. 25TH STREET**
CITY-STATE-ZIP **W HOLLYWOOD FL**

TITLE **VT** ☐ DELETE

NAME **SMITH, ELLA J.**
STREET ADDRESS **4531 S.W. 28TH STREET**
CITY-STATE-ZIP **W HOLLYWOOD FL**

TITLE **SD** ☒ DELETE

NAME **MITCHELL, MINNIE L.**
STREET ADDRESS **5726 SW 18TH ST**
CITY-STATE-ZIP **W HO**

TITLE **T** ☐ DELETE

NAME **GAIL VICTOR**
STREET ADDRESS **5572 SW 18TH ST**
CITY-STATE-ZIP **W HOLLYWOOD FL**

TITLE **D** ☐ DELETE

NAME **SAUNDERS, GEORGE**
STREET ADDRESS **2000 S.W. 42ND AVENUE**
CITY-STATE-ZIP **W HOLLYWOOD FL**

TITLE **CAMP** ☒ DELETE

NAME **BELL, SYLVIA**
STREET ADDRESS **4250 SW 21ST ST**
CITY-STATE-ZIP **W. HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Simmons, Ruby
9800 S.W. 13 Ct.
Pembroke Pines, Fla 33025

M
Adkins, Vicky
7500 Lasalle Blvd
Miramar Fla 33023

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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, PD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)