

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90009 047 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726926

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/10/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0041941

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **C
SIMMONS, RUBY**
STREET ADDRESS **9800 S.W. 13 CT.**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **M
ADKINS, VICKY**
STREET ADDRESS **7500 LASALLE BLVD**
CITY-ST-ZIP **MIRAMAR FL 33023**

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)