

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
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 # **769898** (8)

1. Corporation Name

CARPENTER'S HOME ESTATES, INC.



Principal Place of Business 1001 CARPENTER'S WAY PO BOX 95020 LAKELAND FL 33809 US	Mailing Address P.O. BOX 95020 PO BOX 95020 LAKELAND FL 33809 US
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3. Date Incorporated or Qualified 08/17/1983	
4. FEI Number 59-2347336	Applied For ☐ Not Applicable ☐

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1001 Carpenter's Way 27 Suite, Apt. #, etc. 28 Lakeland, FL 29 33809 30 Polk
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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	

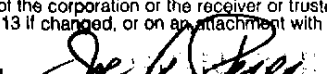
9. Name and Address of Current Registered Agent PEREZ, JOSEPH A. 777 CARPENTER'S WAY LAKELAND FL 33809		10. Name and Address of New Registered Agent 81 Name J. A. Perez 82 Street Address (P.O. Box Number is Not Acceptable) 1001 Carpenter's Way 83 84 City Lakeland 85 Zip Code 33809	
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRADER, KARL D.	1.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	INGLIS, DAVID	2.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHORT, RILEY DR.	3.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, JOSEPH	4.2 NAME	
STREET ADDRESS	777 CARPENTER'S WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MALLORY	5.2 NAME	
STREET ADDRESS	707 CARPENTER'S WAY, #43	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **Joe A. Perez** 941-816-8011

CR2E037 (10/97)