


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010188		
1. Entity Name CARVER ESTATES OWNERS ASSOCIATION, INC.		

Principal Place of Business 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204	Mailing Address 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204
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01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0401226	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, DIANE 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000361111
05/05/05-80062-003 122.50

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRYANT, JAMES S JR. 2008 RIVERSIDE AVENUE, #200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD AUSTIN, CYNTHIA 2008 RIVERSIDE AVENUE, #200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DAVIS, DIANE 2008 RIVERSIDE AVENUE, #200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan H. Laws
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date Daytime Phone #