


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2006 8:00 am**  
**Secretary of State**

08-16-2006 90005 001 \*\*\*122.50

<b>DOCUMENT # N03000010188</b> 1. Entity Name <b>CARVER ESTATES OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204</b>		Mailing Address <b>2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204</b>	
2. Principal Place of Business <b>1732 Margaret St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>410 Gateway Shopping Center</b> Suite, Apt. #, etc. <b>5258-12 Norwood Ave.</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32204</b>	Country <b>USA</b>	Zip <b>32208</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>DAVIS, DIANE 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204</b>		7. Name and Address of New Registered Agent Name <b>Bryant, James S. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>410 Gateway Shopping Center</b> <b>5258-12 Norwood Ave.</b> City <b>Jacksonville</b> FL Zip Code <b>32208</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BRYANT, JAMES S JR.</b> <b>2008 RIVERSIDE AVENUE, #200</b> <b>JACKSONVILLE, FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5258-12 Norwood Ave</b> <b>Jacksonville, FL 32208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>AUSTIN, CYNTHIA</b> <b>2008 RIVERSIDE AVENUE, #200</b> <b>JACKSONVILLE, FL 32204</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1732 Margaret St.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DAVIS, DIANE</b> <b>2008 RIVERSIDE AVENUE, #200</b> <b>JACKSONVILLE, FL 32204</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>8/10/06</b> Daytime Phone # <b>904-764-7745 EXT 14</b>	

66023139



07212006 Chg-NP CR2E037 (4/06)

4. FEI Number  
83-0401226  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required