Page 1 of 2

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010188

1. Entity Name
CARVER ESTATES OWNERS ASSOCIATION, INC.

FILED
07 JUL -6 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/15/07 00010 024 12250

Principal Place of Business	Mailing Address
1732 MARGARET ST JACKSONVILLE, FL 32204	C/O GATEWAY SHOPPING CENTER 5258-12 NORWOOD AVE JACKSONVILLE, FL 32208

DO NOT WRITE IN THIS SPACE

04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number
83-0401226
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRYANT, JAMES S JR
C/O GATEWAY SHOPPING CENTER
5258-12 NORWOOD AVE
JACKSONVILLE, FL 32208

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYANT, JAMES S JR.
STREET ADDRESS	5258-12 NORWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	VTD
NAME	AUSTIN, CYNTHIA
STREET ADDRESS	1732 MARGARET ST
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

B 7/6/07

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.

SIGNATURE: J. S. Bryant Jr. 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 4

5184-12 Norwood Avenue, Jacksonville, FL 32208
904-764-7745 * Fax 904-764-4224

GATEWAY SHOPPING CENTER

Fax

To: Tyrone Scott **From:** Ruby Klimek

Fax: (850) 245-6017 **Pages:** Four (4) inclusive of cover page

Re: #N03000010188 **CC:**

Carver Estate Owners Association, Inc.

☐ **Urgent** ☐ **For Review** ☐ **For Information** ☐ **Please Reply** ☐ **Please Recycle**

• **Comments:**

Please find following a copy of your correspondence dated May 25, 2007 regarding the above-mentioned Annual Report. Also, attached is a copy of our check #2006, dated April 30, 2007 indicating the payment of two (2) Annual Reports. Please check your records for a possible overpayment on the other report #N93000001739. Should you have any questions or comments don't hesitate to contact our office.

Thank You,

Ruby