

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005245

FILED
May 07, 2008
Secretary of State

Entity Name: CARVER HEIGHTS TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

10200 STATE ROAD 84
SUITE 107
DAVIE, FL 33324

New Principal Place of Business:

108 ROYAL PALM AVE.
CLEWISTON, FL 33440

Current Mailing Address:

10200 STATE ROAD 84
SUITE 107
DAVIE, FL 33324

New Mailing Address:

108 ROYAL PALM AVE.
CLEWISTON, FL 33440

FEI Number: 20-4873491 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

STRALEY & OTTO, P.A.
108 ROYAL PALM AVE.
CLEWISTON, FL 33440 US

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.

SIGNATURE: MARY HARLESS

05/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KHAN, YASIR
Address: 210 N.W. 5TH AVENUE
City-St-Zip: HALLANDALE, FL 33009

Title: VSTD () Delete
Name: SALKEY, FLOYD
Address: 210 N.W. 5TH AVENUE
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KHAN, YASIR
Address: 108 ROYAL PALM AVE.
City-St-Zip: CLEWISTON, FL 33440

Title: VSTD (X) Change () Addition
Name: SALKEY, FLOYD
Address: 108 ROYAL PALM AVE
City-St-Zip: CLEWISTON, FL 33440

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY HARLESS

MGR

05/07/2008

Electronic Signature of Signing Officer or Director

Date