FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N97000004259 (4) DOCUMENT

CARVER SHORES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business Mailing Address 1224 FRAZIER ST. 1224 FRAZIER ST. 3. Date Incorporated or Qualified ORLANDO FL 32811 ORLANDO FL 32811 <u>07/25/1997</u> 4. FELNumber Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes ☐ No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DALEY, VERNIA 82 Street Address (P.O. Box Number is Not Acceptable) 5153 LETHA ST. 63 ORLANDO FL 32811 R4 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE 2 DELETE Change 1.1 TITLE Addition WATTS, ARTHUR JR NAME 1.2 NAME 5429 LESCOT LN. STREET ADORESS 1.3 STREET ADDRESS **O**rlando fl 32811 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition **ja**ckson, jackie NAME 2.2 NAME 4774 GOLDSBORO CIR. STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 2. 4 City-St-ZiP DELETE TITLE 3.1 TITLE Change Addition J**O**NES, DORA NAME 3.2 NAME 5301 ROSEGAY CT. STREET ADDRESS 3.3 STREET ADDRESS Orlando FL 32811 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition OLAY, RANDRITA NAME **4.2 NAME** 1223 KOZART ST. STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32811 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition 500002585533 D'ANIELS, MARY NAME 5.2 NAME -07/10/98--01082--000 STREET ADDRESS 5247 BOTANY CT. 5.3 STREET ADDRESS ***61.25 ORLANDO FL 32811 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition HAYLES, CETERIA NAME 6.2 NAME 5259 LETHA ST. STREET ADDRESS 6.3 STREET ADDRESS **ÖRLANDO FL 32811** 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.

FILED

Jul 09 1998 8:00am

Secretary of State