FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720980 (2)

1. Corporation Name

SOUTHSIDE ESTATES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9730 DOOLITTLE RD JACKSONVILLE FL 32246	9730 DOOLITTLE RD JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: **05/19/1971**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-2686163** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUSBIA, EUGENE H.
2749 SOUTHSIDE BLVD.
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2		
TITLE	V	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WANDA JO		12 NAME		
STREET ADDRESS	2846 LEON RD		13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	GILMORE, CHRISTELLE C		22 NAME		
STREET ADDRESS	9730 DOOLITTLE RD		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		24 CITY-ST-ZIP		
TITLE	S	☒ DELETE	31 TITLE	S	☐ Change ☒ Addition
NAME	HILL, MILDRED		32 NAME	TRISH ENDERS	
STREET ADDRESS	4143 BUNNELL DRIVE		33 STREET ADDRESS	9849 BRADLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246		34 CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ENDERS, DIANA		42 NAME		
STREET ADDRESS	9849 BRADLEY ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE	T	☐ Change ☒ Addition
NAME	BELLAMY, JOHN		52 NAME	GAYLE SLEDGE	
STREET ADDRESS	4114 LOYS DR		53 STREET ADDRESS	9733 BRADLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32246		54 CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, ANN		62 NAME		
STREET ADDRESS	4749 CUNNINGHAM RD		63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Christelle E. Gilmore Christelle E. Gilmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6, 1996
Date

904-724-4409
Daytime Phone #