

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720980** (2)
1. Corporation Name

SOUTHSIDE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 9730 DOOLITTLE RD JACKSONVILLE FL 32246	Mailing Address 9730 DOOLITTLE RD JACKSONVILLE FL 32246-2113
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3. Date Incorporated or Qualified 05/19/1971	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	DAVIS, WANDA JO
STREET ADDRESS	2846 LEON RD
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	☒ DELETE
NAME	CHILMORE, CHRISTELLE O
STREET ADDRESS	6700 DOOLITTLE RD
CITY-ST-ZIP	JACKSONVILLE FL 32246
TITLE	☒ DELETE
NAME	ENDERS, TRISH
STREET ADDRESS	6040 BRADLEY RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	ENDERS, DIANA
CITY-ST-ZIP	9849 BRADLEY ROAD JACKSONVILLE FL 32246
TITLE	☐ DELETE
NAME	T
STREET ADDRESS	SLEDGE, GAYLE
CITY-ST-ZIP	9733 BRADLEY RD JACKSONVILLE FL
TITLE	☐ DELETE
NAME	D
STREET ADDRESS	DUNCAN, ANN
CITY-ST-ZIP	4749 CUNNINGHAM RD JACKSONVILLE FL 32246

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
1.2 NAME	WANDA JO DAVIS
1.3 STREET ADDRESS	2846 LEON ROAD
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246 ☒ Change ☐ Addition
2.1 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME	JOHN NELSON
2.3 STREET ADDRESS	2204 PEACH DRIVE
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246 ☒ Change ☐ Addition
3.1 TITLE	SECRETARY ☒ Change ☐ Addition
3.2 NAME	TINA HAYES
3.3 STREET ADDRESS	9741 NORTH MAC ARTHUR COURT
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32246 ☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)