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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: CHRIS GILMORE
82 Street Address (P.O. Box Number is Not Acceptable): 9730 DOOLITTLE RD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32246

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: CHRIS GILMORE — Chris Gilmore — 3-13-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☒ Change ☐ Addition
NAME	DAVIS, WANDA JO		1.2 NAME		
STREET ADDRESS	2846 LEON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DAVIS, WANDA JO		2.2 NAME	ANSLEY, FRIEDA	
STREET ADDRESS	2846 LEON RD		2.3 STREET ADDRESS	2294 PEACH DR	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	VP	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	NELSON, JOHH		3.2 NAME		
STREET ADDRESS	2204 PEACH DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ENDERS, DIANA		4.2 NAME	ELLIOTT, ROSALIE	
STREET ADDRESS	9849 BRADLEY ROAD		4.3 STREET ADDRESS	2837 PEACH DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SLEDGE, GAYLE		5.2 NAME		
STREET ADDRESS	9733 BRADLEY RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, ANN		6.2 NAME		
STREET ADDRESS	4749 CUNNINGHAM RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Chris Gilmore Director — 3-13-98 — 904-720-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # DOD0481