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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720980

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 05/19/1971

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

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

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

9. Name and Address of Current Registered Agent

GILMORE, CHRIS
9730 DOOLITTLE RD
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 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ 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	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANSLEY, FRIEDA		2.2 NAME		
STREET ADDRESS	2294 PEACH DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE	D	☒ 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		☐ Change ☐ Addition
NAME	ELLIOTT, ROSALIE		4.2 NAME		
STREET ADDRESS	2837 PEACH DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32246		4.4 CITY-ST-ZIP		
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	P ~~Chris~~ Gilmore, Chris	
STREET ADDRESS	4749 CUNNINGHAM RD		6.3 STREET ADDRESS	9730 Doolittle Rd	
CITY-ST-ZIP	JACKSONVILLE FL 32246		6.4 CITY-ST-ZIP	Jacksonville FL 32246	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~Chris~~ Gilmore Chris Gilmore Pres 3-1-99 904-724-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #