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FILED
Jul 14, 2002 8:00 am
Secretary of State
05-24-2002 91322 008 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005338

1. Entity Name
NORTHEAST FLORIDA ASSOCIATION OF RESIDENTAIL

DO NOT WRITE IN THIS SPACE

97123

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10450 San Jose Blvd.	10450 San Jose Blvd.
Suite, Apt. #, etc.: Upstairs	Suite, Apt. #, etc.: Upstairs
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip + 4: 32257 Country: Duval	Zip: 32257 Country: Duval

4. FEI Number: 03-0462300 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Heist, H. Anthony

Street Address (P.O. Box Number is Not Acceptable): 1661 Estero Blvd. #20

City: Fort Myers Beach **FL** Zip Code: 33931

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dee Bumbarger - President 1709 St. Johns Bluff Rd. Jacksonivlle, FL 32225 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michael Hodges-Pres-elec P.O. Box 551348 Jacksonville, FL 32255 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wayne Jones - Sec 228 Third Ave. North D Jacksonville Beach, FL32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Wanda Franklin - Tres. 10450 San Jose Blvd. Jacksonville, FL 32257 D
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CR2E037B (12/01)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Dee Bumbarger 4-29-02 904-641-9466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #