

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB 11 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



62032005 Chg-NP CR2E037 (10/03)

DOCUMENT # N12277 1. Entity Name JACKSONVILLE REAL ESTATE INVESTORS' ASSOCIATION, INC.					
Principal Place of Business 7035 PHILIPS HIGHWAY, SUITE 5-167 SUITE 5-167 JACKSONVILLE, FL 32216 US			Mailing Address 7035 PHILIPS HIGHWAY, SUITE 5-167 SUITE 5-167 JACKSONVILLE, FL 32216 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2635848	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MILLION, TANYA 856 COLONIAL COURT WEST JACKSONVILLE, FL 32225			Name SPIEGEL & UTRERA, P.A.		
			Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR		
			City JACORAL GABLES		
			State FL		
			Zip Code 33145		
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. I am familiar with, and accept the obligations of registered agent. SPIEGEL & UTRERA, P.A.					
SIGNATURE By: Natalia Utrera, Vice President 2/10/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAVAGE, WES 7035 PHILIPS HIGHWAY SUITE 5-167 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARIE CHIAINO Same
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GATENBY, CHRIS 7035 PHILIPS HIGHWAY SUITE 5-167 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS COOK Same
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWARD, LISA 7035 PHILIPS HIGHWAY SUITE 5-167 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LISA BROWARD Same
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHIAINO, MARIE 7035 PHILIPS HIGHWAY SUITE 5-167 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERT JACOBS Same
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MILLION, TANYA 7035 PHILLIPS HWY. 5-167 JACKSONVILLE, FL 32216	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED CASEY MONTI Same
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000046879920 02/18/05--01060--007 ***61.25				
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 Block 11 if changed, or on an attachment with an address, with all other like, empowered.					
SIGNATURE: 2-08-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					