

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

FILED

95 JUL 18 PM 12:58

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
Tallahassee, Florida 32399-0001

1995

DOCUMENT # 709441

(0)

JACKSONVILLE BEACHES ASSOCIATION OF REALTORS, IN
C.

DO NOT WRITE IN THIS SPACE

1101 BEACH BLVD.
JACKSONVILLE BEACH FL 32250

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JACKSONVILLE BEACH FL 32250

3. Date incorporated or Qualified	3a. Date of Last Report
08/12/1965	05/01/1994
4. FEI Number	Applied For Not Applicable
59-1104599	
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Taxable Corporate Earnings	☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under Florida Statutes	☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LEFF, ELAINE
1101 BEACH BLVD
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81. Name

82. Mailing Address (P.O. Box Number is Not Acceptable)

83.

84. City JACKSONVILLE BEACH FL 85. Zip 32250

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 _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	SINGLETON, DARYL
12.3 STREET ADDRESS	900 3RD ST. SUITE A
12.4 CITY, ST, ZIP	NEPTUNE BEACH FL
12.5 TITLE	P
12.6 NAME	PALMER, JANET
12.7 STREET ADDRESS	1117 ATLANTIC BLVD
12.8 CITY, ST, ZIP	NEPTUNE BEACH FL
12.9 TITLE	T
12.10 NAME	O'NEILL, BOB
12.11 STREET ADDRESS	98 S. PENMAN RD.
12.12 CITY, ST, ZIP	NEPTUNE BEACH FL
12.13 TITLE	S
12.14 NAME	WARREN, PATRICIA
12.15 STREET ADDRESS	535-1 ATLANTIC BLVD
12.16 CITY, ST, ZIP	ATLANTIC BCH FL
12.17 TITLE	VP
12.18 NAME	DANSEGAW, CAROLYN
12.19 STREET ADDRESS	1326 S. THIRD ST
12.20 CITY, ST, ZIP	JACKSONVILLE FL
12.21 TITLE	D
12.22 NAME	BINGEMANN, PAM
12.23 STREET ADDRESS	408 ATLANTIC BLVD
12.24 CITY, ST, ZIP	NEPTUNE BEACH FL

13. ADDITIONAL OFFICERS AND DIRECTORS

13.1 TITLE	D
13.2 NAME	JEANELL WILSON
13.3 STREET ADDRESS	3090 SOUTH 3RD STREET
13.4 CITY, ST, ZIP	JACKSONVILLE BEACH, FL 32250
13.5 TITLE	D
13.6 NAME	LARRY KANN
13.7 STREET ADDRESS	1251 SOUTH 3rd STREET
13.8 CITY, ST, ZIP	JACKSONVILLE BEACH, FL 32250
13.9 TITLE	S
13.10 NAME	
13.11 STREET ADDRESS	1105 SOUTH 3RD STREET
13.12 CITY, ST, ZIP	JACKSONVILLE BEACH, FL 32250
13.13 TITLE	VP
13.14 NAME	
13.15 STREET ADDRESS	599 ATLANTIC BLVD., SUITE 1
13.16 CITY, ST, ZIP	ATLANTIC BEACH, FL 32233
13.17 TITLE	P
13.18 NAME	CAROLYN GOODE
13.19 STREET ADDRESS	1336 S. THIRD ST.
13.20 CITY, ST, ZIP	JACKSONVILLE BEACH, FL 32250
13.21 TITLE	D
13.22 NAME	MARK KERNAN
13.23 STREET ADDRESS	519 OCEANFRONT #6
13.24 CITY, ST, ZIP	NEPTUNE BEACH, FL 32266

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 registrar or treasurer 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: *Carolyn M. Goode*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLYN M. GOODE

6-20-95 (904) 249-8261

CR2E037 (3/95)