# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709441 (0)

1. Corporation Name
JACKSONVILLE BEACHES ASSOCIATION OF REALTORS, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1101 BEACH BLVD.<br>JACKSONVILLE BEACH FL 32250 | 1101 BEACH BLVD.<br>JACKSONVILLE BEACH FL 32250 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1104599 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: JACKSONVILLE BEACH FL 85 Zip Code: 32260

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 | D | 1.1 TITLE | T ☐ Change ☒ Addition |
| NAME | SINGLETON, DARYL | 1.2 NAME | JEANELL WILSON |
| STREET ADDRESS | 900 3RD ST. SUITE A | 1.3 STREET ADDRESS | 3090 SOUTH 3RD ST. |
| CITY-ST-ZIP | NEPTUNE BEACH FL | 1.4 CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | P | 2.1 TITLE | D ☐ Change ☒ Addition |
| NAME | PALMER, JANET | 2.2 NAME | LARRY KANN |
| STREET ADDRESS | 1117 ATLANTIC BLVD | 2.3 STREET ADDRESS | 1251 SOUTH 3RD ST. |
| CITY-ST-ZIP | NEPTUNE BEACH FL | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32250 |
| TITLE | T | 3.1 TITLE | S ☒ Change ☐ Addition |
| NAME | O'NEILL, BOB | 3.2 NAME | 1105 SOUTH 3RD ST. |
| STREET ADDRESS | 98 S. PENMAN RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | 3.4 CITY-ST-ZIP | JACKSONVILLE BEACH, FL 32250 |
| TITLE | S | 4.1 TITLE | V ☒ Change ☐ Addition |
| NAME | WARREN, PATRICIA | 4.2 NAME | |
| STREET ADDRESS | 535-1 ATLANTIC BLVD | 4.3 STREET ADDRESS | 599 ATLANTIC BLVD., SUITE 1 |
| CITY-ST-ZIP | ATLANTIC BCH FL | 4.4 CITY-ST-ZIP | ATLANTIC BEACH, FL 32233 |
| TITLE | VP | 5.1 TITLE | P ☒ Change ☐ Addition |
| NAME | DANSEGAU, CAROLYN | 5.2 NAME | CAROLYN GOODE |
| STREET ADDRESS | 1328 S. THIRD ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | D ☐ Change ☒ Addition |
| NAME | BINGEMANN, PAM | 6.2 NAME | MARK KERNAN |
| STREET ADDRESS | 406 ATLANTIC BLVD | 6.3 STREET ADDRESS | 519 OCEANFRONT #6 |
| CITY-ST-ZIP | NEPTUNE BEACH FL | 6.4 CITY-ST-ZIP | NEPTUNE BEACH, FL 32266 |

14. I do 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)(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:** Carolyn M. Goode 4/24/95 (904) 249-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00206826