

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90243 023 ****61.25

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1. Entity Name

SOUTHSIDE ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business

**9730 DOOLITTLE RD
JACKSONVILLE FL 32246**

Mailing Address

**9730 DOOLITTLE RD
JACKSONVILLE FL 32246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
59-2686163

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

**GILMORE, CHRIS
9730 DOOLITTLE RD
JACKSONVILLE FL 32246**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☐ Delete
NAME **P BENOLKEN, ROSS S**
STREET ADDRESS **9833 BRADLEY RD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME **D LAWRENCE, NENA**
STREET ADDRESS **9748 N. MACARTHUR CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME **D MAZELENE, DUSAN**
STREET ADDRESS **9752 CUNNINGHAM RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME **D ELLIOTT, ROSALIE**
STREET ADDRESS **2837 PEACH DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Delete
NAME **T SLEDGE, GAYLE**
STREET ADDRESS **9733 BRADLEY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME **S GILMORE, CHRIS**
STREET ADDRESS **9730 DOOLITTLE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **BENOLKEN, ROSS S**
STREET ADDRESS **9833 BRADLEY RD**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☒ Addition
NAME **PHILLIP HANNAH**
STREET ADDRESS **2262 LAKE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: CHRIS GILMORE *Chris Gilmore* 3-2-06 904-724-4409