


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90046 008 ****61.25

DOCUMENT # 720980 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2686163	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	V	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENOLKEN, ROSS S		NAME	MOORE, TERRY	
STREET ADDRESS	9833 BRADLEY RD		STREET ADDRESS	9726 IVEY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWRENCE, NENA		NAME	MCGUE, JERRY	
STREET ADDRESS	9748 N. MACARTHUR CT.		STREET ADDRESS	9833 BRADLEY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZELENE, DUSAN		NAME	BENOLKEN, ROSS	
STREET ADDRESS	9752 CUNNINGHAM RD.		STREET ADDRESS	9833 BRADLEY RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, ROSALIE		NAME	GILMORE, CHRIS	
STREET ADDRESS	2837 PEACH DR		STREET ADDRESS	9730 DOOLITTLE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLEDGE, GAYLE		NAME	WILLIAMS, HAZEL	
STREET ADDRESS	9733 BRADLEY RD		STREET ADDRESS	9740 MACARTHUR CT. NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, CHRIS		NAME	LANGENBERG, KEITH	
STREET ADDRESS	9730 DOOLITTLE RD		STREET ADDRESS	9921 BRADLEY RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	JACKSONVILLE, FL 32246	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 <i>(Chris Gilmore)</i> 4-1-08 904-724-4409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					