

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 761308

1. Entity Name
SOUTHSIDE ESTATES ATHLETIC ASSOCIATION, INC.



Principal Place of Business
9827 SOUTH JUPITER COURT
JACKSONVILLE, FL 32216 US

Mailing Address
10281 JOHNNA KAY CT
JACKSONVILLE, FL 32220 US



01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0389594
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPACHICH, DENISE
10281 JOHNNA KAY CT
JACKSONVILLE, FL 32220

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAROSA, ROB
STREET ADDRESS	2760 S STONEHEDGE CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VD
NAME	MORANDO, BOB
STREET ADDRESS	3769 WAYLAND STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	STD
NAME	OPACHICH, DENISE
STREET ADDRESS	10281 JOHNNA KAY CT
CITY-ST-ZIP	JACKSONVILLE, FL 32220
TITLE	BD
NAME	SPIVEY, GARY
STREET ADDRESS	6118 JACK DR. S
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000208483
02/01/05-80089-001 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Denise Opachich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-05
Date

763-2083
Daytime Phone #