

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 761436

(5)

95 MAY 25 AM 11:05

1. Corporation Name

COOPER-HOLT MANOR RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1610 SHELTER AVE
STE - 230
JACKSONVILLE FL 32250-2665
US

1610 SHELTER AVE
STE - 230
JACKSONVILLE FL 32250-2665
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1982

3a. Date of Last Report
05/19/1994

4. FEI Number
59-2264367

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired \$8.75 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

10. Name and Address of New Registered Agent

DUCKWORTH, CERTRUDE
1610 SHELTON AVE - Shelton Ave
STE - 230
JACKSONVILLE FL 32250

81 Name

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

83

84 City

FL

85 Zip Code

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 agent 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME NESS, ROBERT
STREET ADDRESS 16105 HELTER AVE/ STE - 336
CITY - ST - ZIP JACKSONVILLE BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition
Prestitut
Mills, Harold #236
1610 Shelter Ave
Jacksonville Beach FL

TITLE V
NAME MILLS, HAROLD
STREET ADDRESS 1610 SHELTER AVE / STE - 236
CITY - ST - ZIP JACKSONVILLE BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition
-

TITLE S
NAME BOLES, ALICE R
STREET ADDRESS 1610 SHELTER AVE / STE - 228
CITY - ST - ZIP JACKSONVILLE BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition
-

TITLE TD
NAME DUCKWORTH, GERTRUDE
STREET ADDRESS 1610 SHELTER AVE / STE - 230
CITY - ST - ZIP JACKSONVILLE BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition
T.D
Duckworth Gertrude
1610 Shelter Ave 230
Sax Beh FL

TITLE D
NAME KELLOW, ALTON
STREET ADDRESS 1610 SHELTER AVE / STE - 129
CITY - ST - ZIP JACKSONVILLE BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition
D -
Kellow ALton
1610 Shelter Ave # 129
Sax Beh FL -

TITLE D
NAME HENDRY, ELIZABETH
STREET ADDRESS 1610 SHELTER AVE / STE - 334
CITY - ST - ZIP JACKSONVILLE BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition
-

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 110.07(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 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: Gertrude Duckworth Gertrude Duckworth 5-19-95 904 241 5063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #