

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:41

DOCUMENT # K10890 (7)

1. Corporation Name

CAMPUS OAKS NORTHSIDE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~W. MICHAEL N. SCHNEIDER~~
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

% MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/06/1988

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2863728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5991 Chester Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #204

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 City & State

Zip

24 32217-2245

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 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

(Signature typed or printed name of registered agent and fee taker)

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SILBERSTEIN, SAM
STREET ADDRESS 7901 BAYMEADOWS WAY #25--
CITY, ST, ZIP JACKSONVILLE FL

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 5991 Chester Avenue #204
14 CITY, ST, ZIP Jacksonville, FL

TITLE D
NAME ZELL, DONALD
STREET ADDRESS 8804 W. SAN SERVER DR.
CITY, ST, ZIP JACKSONVILLE FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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(2)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Sam L. Silberstein Pres 3-14-95
3AM L. SILBERSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

(Typed Name)

(904) 636-0065