

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90152 020 \*\*\*\*61.25

<b>DOCUMENT # N00000005338</b>					
<b>1. Entity Name</b> NORTHEAST FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS CHAPTER OF THE NATIONAL ASSOCIATI					
<b>Principal Place of Business</b> 10450 SAN JOSE BLVD UPSTAIRS JACKSONVILLE, FL 32257			<b>Mailing Address</b> 10450 SAN JOSE BLVD UPSTAIRS JACKSONVILLE, FL 32257		
<b>2. Principal Place of Business</b> 6983 103rd St.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite 6		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State			
Zip 32210	Country Duval	Zip	Country		
<b>4. FEI Number</b> 03-0462300				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HEIST, H. ANTHONY 1661 ESTERO BOULEVARD SUITE 20 FORT MYERS BEACH, FL 33931			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE NEEDHAM, BRENDA 4190 BELFORD RD., #475 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Needham, Brenda 254 3rd St. Neptune Beach FL 32266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASEY, GLORIA 4201 BAYMEADOWS RD JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bennett, Emily 6983 103rd St. #6 Jacksonville FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, CARYN 1111 GLYNLEA RD JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANKLIN, WANDA 6983 103RD STE 6 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARR, CLAUDIA 1345 PARK AVE. ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**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:** Claudia Carr, Claudia Carr, Treasurer 4/1/05 904-463-5499  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #