

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90044 029 ****70.00

DOCUMENT # N00000005338					
1. Entity Name NORTHEAST FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS CHAPTER OF THE NATIONAL ASSOCIATI					
Principal Place of Business 6983 103RD ST STE 6 JACKSONVILLE, FL 32210			Mailing Address 10450 SAN JOSE BLVD UPSTAIRS JACKSONVILLE, FL 32257		
2. Principal Place of Business 254 Third ST Suite, Apt. #, etc.		3. Mailing Address 254 Third ST Suite, Apt. #, etc.			
City & State Neptune beach, FL		City & State Neptune beach, FL		4. FEI Number 03-0462300	
Zip 32266		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIST, H. ANTHONY 1661 ESTERO BOULEVARD SUITE 20 FORT MYERS BEACH, FL 33931				7. Name and Address of New Registered Agent Name <u>Michael G. Hodges</u> Street Address (P.O. Box Number is Not Acceptable) <u>254 Third Street</u> City <u>Neptune Beach</u> FL Zip Code <u>32266</u>	
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 <u>[Signature]</u> <u>Michael G. Hodges - Treasurer 2-8-06</u> <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, 2006		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 P	NAME NEEDHAM, BRENDA		TITLE PPID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 254 3RD ST	CITY-ST-ZIP NEPTUNE BEACH, FL 32266		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME BENNETT, EMILY		TITLE PEID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6988 103RD ST #6	CITY-ST-ZIP JACKSONVILLE, FL 32210		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME THOMAS, CARYN		TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1111 GLYNLEA RD	CITY-ST-ZIP JACKSONVILLE, FL 32216		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME CARR, CLAUDIA		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1345 PARK AVE.	CITY-ST-ZIP ORANGE PARK, FL 32073		STREET ADDRESS	CITY-ST-ZIP	
TITLE [Signature]	NAME [Signature]		TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS [Signature]	CITY-ST-ZIP [Signature]		STREET ADDRESS Michael G. Hodges 254 Third Street Neptune Beach, FL 32266	CITY-ST-ZIP Neptune Beach, FL 32266	
TITLE	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <u>[Signature]</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Michael G. Hodges Treasurer 2-8-06</u>		
Date			Daytime Phone # <u>941-246-1200</u>		