2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005338

FILED Jaņ 06, 2<u>0</u>10 Secretary of State

Entity Name: NORTHEAST FLORIDA ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS CHAPTER OF THE

NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, INC.

Current Principal Place of Business: New Principal Place of Business:

254 THIRD ST 335 S. LEGACY TRAIL NEPTUNE BEACH, FL 32266

SUITE B-118

ST. AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

335 S LEGACY TRAIL 254 THIRD ST

NEPTUNE BEACH, FL 32266 SUITE B-118

ST. AUGUSTINE, FL 32092

FEI Number: 03-0462300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOTCHKISS, MARYSE N S LEGACY TRAIL B-118

ST AUGUSTINE, FL 32092 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

BOOZER, WILSON Name:

Address: 335 S LEGACY TRAIL SUITE B-118 City-St-Zip: ST. AUGUSTINE, FL 32092

Title:

Name: HOTCHKISS, MARYSE N Address: 335 S LEGACY TRAIL #B-118 City-St-Zip: ST. AUGUSTINE, FL 32092

Title:

BOOZER, DEBRA Name:

6983 103RD STREET SUITE 6 Address: City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARYSE HOTCHKISS T 01/06/2010