

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005338

FILED
Feb 16, 2011
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:

335 S. LEGACY TRAIL
SUITE B-118
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

10450 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32257

Current Mailing Address:

335 S LEGACY TRAIL
SUITE B-118
ST. AUGUSTINE, FL 32092

New Mailing Address:

10450 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32257

FEI Number: 03-0462300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOTCHKISS, MARYSE N
S LEGACY TRAIL
B-118
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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:

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

Title: T
Name: WALTER, WILLIAMS L III
Address: 10450 SAN JOSE BLVD SUITE 1
City-St-Zip: JACKSONVILLE, FL 32257

Title: S
Name: BOOZER, DEBRA
Address: 10450 SAN JOSE BLVD SUITE 1
City-St-Zip: JACKSONVILLE, FL 32257

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: WALTER L WILLIAMS III

T

02/16/2011

Electronic Signature of Signing Officer or Director

Date