

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 024 ****61.25

DOCUMENT # N01000005585

1. Entity Name
JACKSONVILLE BEACH RESIDENT MANAGEMENT CORP.

Principal Place of Business Mailing Address
542 7TH AVE SOUTH JACKSONVILLE FL 32250

2. Principal Place of Business 3. Mailing Address
123 8th St. South 542 7th Ave. South

City & State Zip City & State Zip
Jax Beach, Fl. 32250 32250 USA USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-360 1840 Not Applicabl

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARKE, SHIRLEY
542 7TH AVE SOUTH
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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.

SIGNATURE *Shirley Clarke, President*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/22/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCD	CLARKE, SHIRLEY	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input type="checkbox"/>
VCD	JACKSON, CATHERINE	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input checked="" type="checkbox"/>
SD	JACKSON, MARIA	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input checked="" type="checkbox"/>
SD	WILLIAMS, PATRICIA	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input checked="" type="checkbox"/>
TD	HAMPTON, PHYLLIS	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input checked="" type="checkbox"/>
	DAVIS, JENNIFER	542 7TH AVE SOUTH	JACKSONVILLE FL 32250	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.	LEAWATHA THOMAS	803 5th Ave South	Jax Beach, Fl. 32250	<input type="checkbox"/>
Sec	ERMA MEEHAN	923 1st Ave South (C)	Jaxville, Fl. 32250	<input checked="" type="checkbox"/>
Asst Sec	ROLETA CUTLER	831 1st Ave. South	Jax Beach, Fl. 32250	<input checked="" type="checkbox"/>
Treas	Mwendolyn Kemp	516 4th Ave South	Jaxville, Fl. 32250	<input checked="" type="checkbox"/>
Asst Treas	Barbara Reeder	520 1st Ave South	Jaxville Bch, Fl. 32250	<input checked="" type="checkbox"/>

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: *Shirley Clarke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~Attachment~~ No 1000005585
 2nd pg. 662474e

Jax Poch RMC

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chap Carrie McGruder <input type="checkbox"/> Change <input type="checkbox"/> Ac 923 1st Ave South (B) Jax, Fl. 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst Chap Christie McNeil <input type="checkbox"/> Change <input type="checkbox"/> Ac 819 1st Ave (B) South Jax Poch, Fl. 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst Chap Ruby Brooks <input type="checkbox"/> Change <input type="checkbox"/> Ac 807 1st Ave. South (C) Jax Poch, Fl. 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ac
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ac
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ac

Doc #

100000 5585

Attachment NO 10100005585
6662776

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of JACKSONVILLE BEACH RESIDENT MANAGEMENT CORP., a Florida corporation, filed on August 7, 2001, as shown by the records of this office.

The document number of this corporation is N01000005585.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Eighth day of August, 2001



CR2EO22 (1-99)

Katherine Harris

Katherine Harris
Secretary of State