

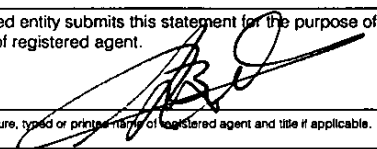
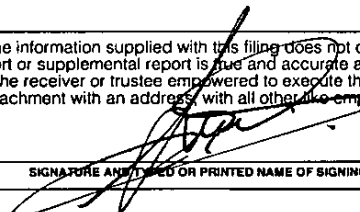


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000005585</b> 1. Entity Name <b>JACKSONVILLE BEACH RESIDENT MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>831 4TH AVE SOUTH B JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>831 4TH AVE SOUTH B JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business <b>429 B 4th Ave S.</b>		3. Mailing Address 		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">05 APR 29 AM 10:28</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>  <div style="font-size: 0.8em; margin-top: 10px;">04292005    Chg-NP    CR2E037 (10/03)</div>	
Suite, Apt. #, etc. <del>302 B</del>		Suite, Apt. #, etc. 			
City & State <b>Jax FL</b>		City & State 			
Zip <b>32250</b>	Country <b>DUVAL</b>	Zip 	Country 		
4. FEI Number <b>59-3601840</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CLARKE, SHIRLEY 542 7TH AVE SOUTH JACKSONVILLE, FL 32250</b>			7. Name and Address of New Registered Agent Name <b>BOOZ A. PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>514 5th Ave S.</b> City <b>JAX</b> <span style="float: right;">FL Zip Code <b>32250</b></span>		
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  <span style="float: right;">DATE <b>April 29, 2005</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	PD CLARKE, SHIRLEY 542 7TH AVE SOUTH JACKSONVILLE, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOOZ A. PAUL 514, 5th Ave S. JAX FL. 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMAS, LEAWAITHA 805 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEBORAH HARRISON 833 5th Ave S. 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCLAIN, ERMA 911 1ST AVENUE SOUTH, #A JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHAWANA AL-BURKAT 508 9th ST S. JAX FL. 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REEDER, BARBARA 510 1ST AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDs Carol Ford 511 6th Street S. JAX FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD PATRICIA GATHERS 426 5th Ave S. JAX FL. 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	300054237258 <input type="checkbox"/> Addition 05/10/05--01108--008 **61.25		
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: 			4-29-05 <span style="float: right;">904-241-9861</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">Daytime Phone #</span>		