
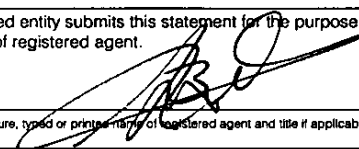
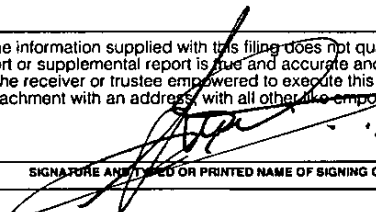


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005585					
1. Entity Name JACKSONVILLE BEACH RESIDENT MANAGEMENT CORPORATION					
Principal Place of Business 831 4TH AVE SOUTH B JACKSONVILLE BEACH, FL 32250			Mailing Address 831 4TH AVE SOUTH B JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 429 B 4th Ave S.		3. Mailing Address			
Suite, Apt. #, etc. 302 B		Suite, Apt. #, etc.			
City & State Jax FL		City & State		4. FEI Number 59-3601840	
Zip 32250		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$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 BOOZ A. PAUL Street Address (P.O. Box Number is Not Acceptable) 514 5th Ave S. City JAX FL Zip Code 32250			
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 		(NOTE: Registered Agent signature required when reinstating)		DATE April 29, 2005	
Filing Fee is \$61.25 Due by May 1, 2005		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 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	
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	
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 pl. 32250	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PATRICA GATHERS 426 5th Ave S. Jax FL. 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 		Date 4-29-05		Daytime Phone # 904-241-9861	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED

05 APR 29 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3601840 Applied For Not Applicable

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

TITLE	NAME	Delete
PD	CLARKE, SHIRLEY 542 7TH AVE SOUTH JACKSONVILLE, FL 32250	<input checked="" type="checkbox"/>
VD	THOMAS, LEAWAITHA 805 5TH AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/>
SD	MCCLAIN, ERMA 911 1ST AVENUE SOUTH, #A JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/>
TD	REEDER, BARBARA 510 1ST AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

TITLE	NAME	Change	Addition
PD	BOOZ A. PAUL 514, 5th Ave S. Jax FL. 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	DEBORAH HARRISON 833 5th Ave S. 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	SHAWANA AL-BURKAT 508 9th St S. Jax pl. 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TDs	Carol Ford 511 6th Street S. Jax FL 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CD	PATRICA GATHERS 426 5th Ave S. Jax FL. 32250	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input 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:  Date **4-29-05** Daytime Phone # **904-241-9861**