

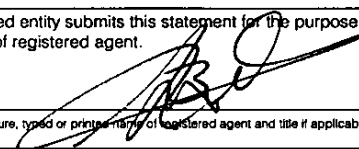
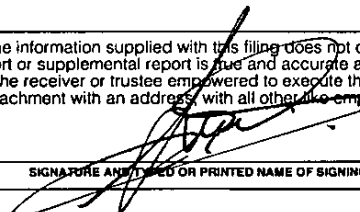


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000005585</b> 1. Entity Name <b>JACKSONVILLE BEACH RESIDENT MANAGEMENT CORPORATION</b>			<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;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 
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 <b>429 B 4th Ave S.</b>		3. Mailing Address	
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>	
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	
<b>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</b>  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> FL Zip Code <b>32250</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>April 29, 2005</b> <small>(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	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD <input checked="" type="checkbox"/> Delete NAME CLARKE, SHIRLEY STREET ADDRESS 542 7TH AVE SOUTH CITY-ST-ZIP JACKSONVILLE, FL 32250	TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BOOZ A. PAUL STREET ADDRESS 514, 5th Ave S. CITY-ST-ZIP Jax FL. 32250	TITLE VD <input checked="" type="checkbox"/> Delete NAME THOMAS, LEAWAITHA STREET ADDRESS 805 5TH AVENUE SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DEBORAH HARRISON STREET ADDRESS 833 5th Ave S. CITY-ST-ZIP 32250
TITLE SD <input checked="" type="checkbox"/> Delete NAME MCCLAIN, ERMA STREET ADDRESS 911 1ST AVENUE SOUTH, #A CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SHAWANA AL-BURKAT STREET ADDRESS 508 9th St S. CITY-ST-ZIP Jax fl. 32250	TITLE TD <input checked="" type="checkbox"/> Delete NAME REEDER, BARBARA STREET ADDRESS 510 1ST AVENUE SOUTH CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	TITLE TDs <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Carol Ford STREET ADDRESS 511 6th Street S. CITY-ST-ZIP JAX FL 32250
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PATRICA GATHERS STREET ADDRESS 426 5th Ave S. CITY-ST-ZIP JAX FL. 32250	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-29-05</b> Daytime Phone # <b>904-241-9861</b>	