## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100005585					<b>210</b>	[ <del></del>		
1. Entity Name  JACKSONVILLE BEACH RESIDENT MANAGEMENT  CORPORATION						ED		
Principal Place of Business 831 4TH AVE SOUTH B		Mailing Address 831 4TH AVE SOUTH			OS APR 29 AM 10: 28  SELALIAKY OF STAT TALLAHASSEE, FLORIDA			
B B Jacksonville Beach, FL 32250 Jacksonville Beach, FL :		32250		11111111111111111111111111111111111111	E, FLORIDA	N GRANTA EN ATON		
2. Principal Place of Business 429 B 4 M AVE 5.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04292005 Chg-NP	CR2E037 (10/03	3)	
City & State		City & State		,	E0 2004040		Applied For Not Applicable	
Zip Country DUVAL		Zip Country		!	5. Certificate of Status Desired S8.75 Addition Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CLARKE, SHIRLEY				Name Booz A. PAUL				
542 7TH AVE SOUTH			Street A	Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32250			514	514 5th Ave S.				
			City 5	City JAX FL Zip Code Ja250				
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.								
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SIGNATURE  Signature, typed or printer marker of loagistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee Is \$61.25  Due by May 1, 2005  9. Election Campaign Fina Trust Fund Contribution						lake check payable ida Department of		
10. OFFICERS AND DIRECTORS			44					
	PD 🗹 Delete		11.		DITIONS/CHANGES TO OFFICE	RS AND DIRECTORS		
TITLE NAME	PD			PD	0 1	RS AND DIRECTORS  Chang		
TITLE NAME STREET ADDRESS	PD CLARKE, SHIRLEY 542 7TH AVE SOUTH		TITLE NAME STREET ADDRESS	PD Boo 514,	Z A. PAUL.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, SHIRLEY	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Boc 514, Ja	2 A. PAUL , sth Ave S. x fl. 32230	☐ Chang	e 🗹 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD CLARKE, SHIRLEY 542 7TH AVE SOUTH JACKSONVILLE, FL 32250 VD THOMAS, LEAWAITHA		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD Boc 514, Ja VD Debe	2 A. PAUL , sth Ave S. x Fl. 32230 brah Harris	☐ Chang	e 🗹 Addition	
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