

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAY -8 AM 10:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005585

1. Entity Name
JACKSONVILLE BEACH RESIDENT MANAGEMENT
CORPORATION



Principal Place of Business
429 B 4TH AVE S
JACKSONVILLE, FL 32250

Mailing Address
~~831 4TH AVE S~~
~~B~~
JACKSONVILLE BEACH, FL 32260

REINSTATEMENT 06-07



03/12/07 01044 002 \$70.00
04162007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 412 Third Ave. South #A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville Beach, Fl.	
Zip	Country	Zip	Country
32250		32250	
4. FEI Number 59-3601840		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PAUL, BOOZ A 514 5TH AVE S JACKSONVILLE, FL 32250		7. Name and Address of New Registered Agent Name: Angular Ford Street Address (P.O. Box Number is Not Acceptable): 412 Third Ave. South #A City: Jacksonville Beach FL Zip Code: 32250	
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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: Angular Ford DATE: April 25, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~\$297.00~~

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 PAUL E, BOOZ A 514 5TH AVE S JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Angular Ford 412 Third Ave. South #A Jacksonville Beach, Fl. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRISON, DEBORAH 833 5TH AVE S JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deborah Harrison 833 5th Ave. S. Jacksonville, Fl. 32250 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AL-BURKAT, SHAWANA 508 9TH ST S JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michelle Lewis 831 4th Ave. S Jacksonville Beach, Fl. 32250 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS FORD, CAROL 511 6TH STREET S JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103100207 05/23/07--01019--021 **70.00 <i>[Signature]</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GATHERS, PATRICA 426 5TH AVE S JACKSONVILLE, FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angular Ford DATE: April 25, 2007 904-247-7725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2007

Reference Number: N01000005585

Dear Sir:

Please know that the notification letter was sent to the wrong address and this organization was not made aware of the reinstatement period.

Please waive the reinstatement fee for this organization.

Sincerely,

Angular Ford