


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000005585	
1. Entity Name Jacksonville Beach Resident Management Corporation	

FILED
03 APR 18 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

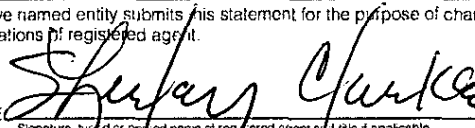
2. Principal Place of Business 542 7th Avenue South		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville Beach, FL		City & State	
Zip 32250	Country Duval	Zip	Country

500016322855
04/18/03--01041--024 **117.00

DO NOT WRITE IN THIS SPACE

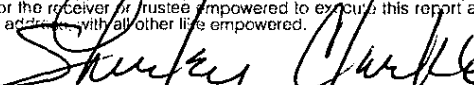
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Shirley Clarke	
Street Address (P.O. Box Number is Not Acceptable)	
542 7th Avenue South	
City Jacksonville Beach	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 	DATE 4/1/03

FEE IS \$61.25 Initial or Amended UBR	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) Shirley Clarke <i>Dir.</i> 542 7th Avenue South Jacksonville Beach, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VP) Leawatha Thomas <i>Dir.</i> 805 5th Ave South Jacksonville Beach, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) Erma McClain <i>Dir.</i> 911 1st Avenue South # A Jacksonville Beach, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(T) Barbra Reeder <i>Dir.</i> 510 1st Avenue South Jacksonville Beach, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other life empowered.	
SIGNATURE: 	DATE 4/1/03
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E037B (12/02)