


**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**

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

2. Principal Place of Business  
**542 7th Avenue South**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Jacksonville Beach, FL**

Zip  
**32250**

Country  
**Duval**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3601840**

Applied For  
 Not Applicable

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

**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 *Shirley Clarke* DATE **4/1/03**

Signature, typed or printed name of registered agent if title is applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME	(P) Shirley Clarke <i>Dir.</i>	TITLE NAME	
STREET ADDRESS	542 7th Avenue South	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	CITY-ST-ZIP	
TITLE NAME	(VP) Leawaiha Thomas <i>Dir.</i>	TITLE NAME	
STREET ADDRESS	805 5th Ave South	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	CITY-ST-ZIP	
TITLE NAME	(S) Erma McClain <i>Dir.</i>	TITLE NAME	
STREET ADDRESS	911 1st Avenue South # A	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	CITY-ST-ZIP	
TITLE NAME	(T) Barbra Reeder <i>Dir.</i>	TITLE NAME	
STREET ADDRESS	510 1st Avenue South	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville Beach, FL 32250	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 lists empowered.

SIGNATURE: *Shirley Clarke* DATE **4/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)