

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90523 044 ****61.25

DOCUMENT # NO1000006960

1. Entity Name

ANDERS PARK RESIDENT MANAGEMENT CORPORATION

DO NOT WRITE IN THIS SPACE

80126004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1805981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Sonja French

Street Address (P.O. Box Number is Not Acceptable)

10770 Anders Blvd., Apt. 104

City Jacksonville

FL Zip Code 32246

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRENCH, SONJA
STREET ADDRESS 10770 Anders Blvd, Apt. 104
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME JOHNSON, GREGORY
STREET ADDRESS 10770 Anders Blvd
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CARR-KULACZ, MELANIE
STREET ADDRESS 10770 Anders Blvd
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SALIARD, TERESA
STREET ADDRESS 10770 Anders Blvd
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SAD
NAME WALKER, TESSA
STREET ADDRESS 10770 Anders Blvd
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD
NAME FRENCH, WILLIE
STREET ADDRESS 10770 Anders Blvd
CITY-ST-ZIP Jacksonville, FL 32246

TITLE
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Sonja French President

6-17-02

620-0268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)