## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N03000003244** FILE MCDUFF COMMUNITY ASSOCIATION INC. 04 APR 29 / 9 35 Principal Place of Business Mailing Address SECRETARY OF 619 N MCDUFF AVE 619 N MCDUFF AVE JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E037 (10/03) Chg-NP Applied For City & State 4. FEI Number Bonvilla Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOHNSON, SHELIA Street Address (P.O. Box Number is Not Acceptable) 8317 TUBMAN CT JACKSONVILLE, FL 32208 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2004 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 200035733402 ☐ Delete ☐ Addition TITLE TITLE JOHNSON, SHELIA NAME NAME 05/07/04--01019--009 \*\*61.25 8317 TUBMAN CT E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP □ Change ■ Addition TITLE ☐ Delete TITLE STANLEY, ROSCOE NAME NAME STREET ADDRESS 3008 COMMONWEALTH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32254 DP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BOSTON, DAVID NAME NAME 2262 ORCHARD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 11 if changed, or on an attachmen with an address, with all other like empowered. 845 SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #