

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000003865

1. Entity Name  
VILLAS AT IRENE COURT DEVELOPMENT, INC.



FILED

04 AUG -9 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2933 MYRTLE AVENUE NORTH  
JACKSONVILLE, FL 32209

Mailing Address  
2933 MYRTLE AVENUE NORTH  
JACKSONVILLE, FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-NP

CR2E037 (10/03)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURLEY, CHARLES R JR  
1301 RIVERPLACE BLVD SUITE 1500  
JACKSONVILLE, FL 32207

Name

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

City

FL

Zip Code

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

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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 D ☐ Delete  
NAME NELSON, TONY D  
STREET ADDRESS 2933 MYRTLE AVENUE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D ☐ Delete  
NAME NAVADA, THOMAS  
STREET ADDRESS 2933 MYRTLE AVENUE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE D ☐ Delete  
NAME JAMES, REGINALD  
STREET ADDRESS 2933 MYRTLE AVENUE NORTH  
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
300040172703  
08/13/04--01045--001 \*\*1045.00

☐ Change ☐ Addition

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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 attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #