

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006153

FILED
Jun 30, 2005
Secretary of State

Entity Name: OLD JAX POINT MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1919 NE JACKSONVILLE ROAD
BUILDING 100, SUITE 101
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 53
OCALA, FL 34478

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SLACK, CYNTHIA C
1024 E. SILVER SPRINGS BLVD
OCALA, FL 34470 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLACK, MICHAEL J
Address: 905 N. JACKSONVILLE ROAD, UNIT 100A
City-St-Zip: OCALA, FL 34470

Title: S/T () Delete
Name: SLACK, CYNTHIA C
Address: 1024 E. SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA C. SLACK

S/T

06/30/2005

Electronic Signature of Signing Officer or Director

Date