

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90274 044 \*\*\*\*61.25

**DOCUMENT # N04000000748**

1. Entity Name

DOUG JACOBSON RESIDENTS FUND, INC.



Principal Place of Business

Mailing Address

548 LAUREL AVENUE NW  
PORT CHARLOTTE FL 33952

P. O. BOX 495743  
PORT CHARLOTTE FL 33949-5743

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

14-1902209

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

HEEKIN, JOHN C  
21202 OLEAN BLVD.  
SUITE C-2  
PORT CHARLOTTE FL 33952

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME PRIER, CLYDE E  
STREET ADDRESS 548 LAUREL AVENUE NW  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Change ☒ Addition  
NAME Elliott, Robert C.  
STREET ADDRESS 2436 Traverse Avenue  
CITY-ST-ZIP North Port, FL 34286

TITLE D ☐ Delete  
NAME JACOBSON, JOAN F  
STREET ADDRESS 2026 LYNX RUN  
CITY-ST-ZIP NORTH PORT FL 34328

TITLE D ☐ Change ☒ Addition  
NAME Martin, Dave  
STREET ADDRESS 10492 Greenway Avenue  
CITY-ST-ZIP Port Charlotte, FL 34224

TITLE D ☒ Delete  
NAME KURAS, DIANE S  
STREET ADDRESS 11260 SW ESSEX DRIVE  
CITY-ST-ZIP LAKE SUZY FL 34269-9162

TITLE D ☐ Change ☒ Addition  
NAME Kingsley, Joanna  
STREET ADDRESS 1294 Green Oak Trail  
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE D ☐ Delete  
NAME GRUDT, DONALD C  
STREET ADDRESS 2556 BALTIC AVENUE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D ☐ Change ☒ Addition  
NAME Beuke, Ted  
STREET ADDRESS 2002 Bal Harbor Blvd., #1522  
CITY-ST-ZIP Punta Gorda, FL 33950

TITLE D ☒ Delete  
NAME KURAS, ANTHONY T  
STREET ADDRESS 11260 SW ESSEX DRIVE  
CITY-ST-ZIP LAKE SUZY FL 34269-9162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 all other like empowered.

SIGNATURE:

*Clyde E. Prier*

Clyde E. Prier

3/14/06 941-625-5920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #