

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90015 042 ****61.25

DOCUMENT # N04000000748

1. Entity Name

DOUG JACOBSON RESIDENTS FUND, INC.



Principal Place of Business

548 LAUREL AVENUE NW
PORT CHARLOTTE FL 33952

Mailing Address

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

10000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: ELLIOT, ROBERT C
STREET ADDRESS: 2436 TRAVERSE AVE
CITY-STATE-ZIP: NORTH PORT FL 34286

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

TITLE: D ☐ Delete
NAME: KINGSLEY, JOANNA
STREET ADDRESS: 1294 GREEN OAK TRL
CITY-STATE-ZIP: PORT CHARLOTTE FL 33948

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

TITLE: D ☒ Delete
NAME: MARTIN, DAVE
STREET ADDRESS: 10492 GREENWAY AVE
CITY-STATE-ZIP: ENGLEWOOD FL 34224

TITLE: D ☐ Delete
NAME: ~~CLYDE E. PRIER~~
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D/TREASURER ☒ Change ☒ Addition
NAME: J. MARVIN EDELSTEIN
STREET ADDRESS: 2605 DUNEDIN CT.
CITY-STATE-ZIP: PUNTA GORDA, FL 33983

TITLE: D ☐ Change ☒ Addition
NAME: HENRY REPOSA
STREET ADDRESS: 1419 KINDEL CT.
CITY-STATE-ZIP: PUNTA GORDA, FL 33983

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☒ Change ☒ Addition
NAME: PRESIDENT
STREET ADDRESS: CLYDE E. PRIER
CITY-STATE-ZIP: 548 LAUREL AVE.
PORT CHARLOTTE, FL 33952

TITLE: ☐ Change ☒ Addition
NAME:
STREET ADDRESS:
CITY-STATE-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

2/22/07

941-625-5970