

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000748

FILED
Feb 05, 2009
Secretary of State

Entity Name: DOUG JACOBSON RESIDENTS FUND, INC.

Current Principal Place of Business:

548 LAUREL AVENUE NW
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

548 JACOBSON WAY
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P. O. BOX 495743
PORT CHARLOTTE, FL 339495743

New Mailing Address:

FEI Number: 14-1902209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PRIER, CLYDE
Address: 548 LAUREL AVE, NW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V () Delete
Name: JACOBSON, JOAN F
Address: 2020 WILLOW HAMMOCK CIR.
City-St-Zip: PUNTO GORDA, FL 33985

Title: S () Delete
Name: KINGSLEY, JOANNA
Address: 1294 GREEN OAK TRL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: EDELSTEIN, MARVIN J
Address: 26086 DUNEDIN CT
City-St-Zip: PUNTA GORDA, FL 33985

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JACOBSON, JOAN
Address: 2020 WILLOW HAMMOCK CIRCLE
City-St-Zip: PUNTA GORDA, FL 33983

Title: V (X) Change () Addition
Name: BEVINS, GREGORY
Address: 180 SANTOS DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

Title: S (X) Change () Addition
Name: BURTON, DEBRA
Address: 1144 VERONICA STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change () Addition
Name: EDELSTEIN, J M
Address: 26086 DUNEDIN CT
City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J.M. EDELSTEIN

T

02/05/2009

Electronic Signature of Signing Officer or Director

Date