

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000748

FILED  
Feb 15, 2010  
Secretary of State

**Entity Name:** DOUG JACOBSON RESIDENTS FUND, INC.

**Current Principal Place of Business:**

548 JACOBSON WAY  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**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  
Name: JACOBSON, JOAN  
Address: 2020 WILLOW HAMMOCK CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: V  
Name: BEVINS, GREGORY  
Address: 180 SANTOS DRIVE  
City-St-Zip: PUNTA GORDA, FL 33983

Title: S  
Name: BURTON, DEBRA  
Address: 1144 VERONICA STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

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

I hereby 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 all other like empowered.

SIGNATURE: DEBRA BURTON

S

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date