

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90171 040 ****61.25

DOCUMENT # N07000008372 1. Entity Name JACKSONVILLE TOWNHOUSE RESIDENT ORGANIZATION INC.					
Principal Place of Business 3465 PHILIPS HWY. APT. #218 JACKSONVILLE, FL 32207				Mailing Address 3465 PHILIPS HWY. APT. #218 JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box # 3465 Philips Hwy.		3. Mailing Address 3465 Philips Hwy.			
Suite, Apt. #, etc. #218 Apt.		Suite, Apt. #, etc. Apt. #218		04172008 Chg-NP CR2E037 (12/06)	
City & State JACKSONVILLE FL.		City & State JACKSONVILLE FL.		4. FEI Number 80-0178100	
Zip 32207		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AIREY, SANDRA T 3465 PHILIPS HWY. APT. #218 JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name SANDRA T. AIREY Street Address (P.O. Box Number is Not Acceptable) 3465 Philips Hwy. Apt. 218 City JACKSONVILLE FL Zip Code 32207	
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 SANDRA T. AIREY <small>Signature, typed or printed name of registered agent and title if applicable</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 4-25-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P NAME AIREY, SANDRA T STREET ADDRESS 3465 PHILIPS HWY, #218 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE P/D NAME SANDRA T. AIREY STREET ADDRESS 3465 Philips Hwy. #218 CITY-ST-ZIP JACKSONVILLE FL. 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HUNT, SUSAN M STREET ADDRESS 3465 PHILIPS HWY, #215 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE VP/DIT NAME HECTOR RODRIGUEZ STREET ADDRESS 3465 Philips Hwy. #401 CITY-ST-ZIP JACKSONVILLE FL. 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME HAWTHORNE, SHARON A STREET ADDRESS 3465 PHILIPS HWY, #325 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE S/D NAME DANA MARIE TOUCHTON STREET ADDRESS 3465 Philips Hwy. #821 CITY-ST-ZIP JACKSONVILLE FL. 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TRES NAME RODRIGUEZ, HECTOR STREET ADDRESS 3465 PHILIPS HWY, #401 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE BRD NAME JAMES TOUCHTON STREET ADDRESS 3465 Philips Hwy. #821 CITY-ST-ZIP JACKSONVILLE FL. 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BRD NAME INGRAM, WALTER A STREET ADDRESS 3465 PHILIPS HWY, #111 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE BRD NAME JONES, JEFFREY STREET ADDRESS 3465 PHILIPS HWY, #116 CITY-ST-ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		SANDRA T. AIREY		Date 4-28-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		Daytime Phone # (904) 399-0430	