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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45742 (6)

**1. Corporation Name
FOREST MEADOWS EAST RESIDENT MANAGEMENT CORPORAT
ION, INC.**

Principal Place of Business	Mailing Address
C/O CAROL BAKER 1935 FOREST BLVD. APTS. 18 & 19 JACKSONVILLE FL 32216	C/O CAROL BAKER 1935 FOREST BLVD.. APTS. 18 & 19 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1991	3a. Date of Last Report 05/13/1994
4. FEI Number 59-3092194	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	23
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

BAKER, CAROL
1935 FOREST BLVD., #33
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKER, CAROL
STREET ADDRESS	1935 FOREST BLVD., #33
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	VD
NAME	DAVIS, ANNIE
STREET ADDRESS	1935 FOREST BLVD., #25
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	TD
NAME	ADAMS, IRMA H
STREET ADDRESS	1935 FOREST BLVD., #7
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	SD
NAME	RAMSON, SHIRLEY A
STREET ADDRESS	1935 FOREST BLVD., #22
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	CD
NAME	CROOMS, SHIRLEY
STREET ADDRESS	1935 FOREST BLVD., #58
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Irma J. Adams
2.4 CITY-ST-ZIP	1935 Forest Blvd., #7 Jacksonville, FL 32246
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer
3.3 STREET ADDRESS	Katie L. Merriweathers
3.4 CITY-ST-ZIP	1935 Forest Blvd., #12 Jacksonville, FL 32246
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Board Member
6.3 STREET ADDRESS	Beverly A. Giles
6.4 CITY-ST-ZIP	1935 Forest Blvd., #17 Jacksonville, FL 32246

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol Baker Carol Baker **March 15, 1995 (904)723-3336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #