

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N50587** (7)

1. Corporation Name

POTTSBURG PARK RESIDENT MANAGEMENT CORPORATION, INC.



Principal Place of Business

Mailing Address

8711 NEWTON ROAD
#169
JACKSONVILLE FL 32216

8711 NEWTON ROAD
#169
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified **08/27/1992** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **8711 NEWTON Rd #107**
Suite, Apt. #, etc.
22 **JACKSONVILLE**
City & State
23 **Florida**
Zip Country
24 **32216** 25 **DUVAL**
26 **8711 NEWTON Rd #107**
Suite, Apt. #, etc.
27 **JACKSONVILLE, Florida**
City & State
28
Zip Country
29 **32216** 30 **DUVAL**

4. FEI Number **59-3140553** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RANDALL, BETTY
8711 NEWTON ROAD
#169
JACKSONVILLE FL 32216

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8711 NEWTON Rd #107
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
RANDALL, BETTY
8711 NEWTON ROAD #169
JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SMITH, GERALDINE
8711 NEWTON RD #80
JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SANDERS, JOSSIE
8711 NEWTON RD. #72
JACKSONVILLE FL 32217
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
TOWNS, CRYSTAL
8711 NEWTON RD. #63
JACKSONVILLE FL 32217
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, FRANK
8711 NEWTON ROAD
JACKSONVILLE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, LINDA
8711 NEWTON ROAD
JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
8711 NEWTON Rd #107
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
8711 NEWTON #88
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SANDERS JOSSIE
8711 NEWTON #88
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
200001768842
-04/04/96--01014--005
*****72.00**

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Betty Randall** *Betty Randall* 1/26/96 904-645-3379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)