

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004756 (2)

1. Corporation Name

SENIOR CITIZEN VILLAGE RESIDENT ASSOCIATION, INC

Principal Place of Business

801 W. 4TH STREET, # 1800
JACKSONVILLE FL 32209

Mailing Address

801 W. 4TH STREET, # 1800
JACKSONVILLE FL 32209



3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR

59-3328969

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

BAILEY, VALERIE F
801 W. 4TH STREET, # 1800
JACKSONVILLE FL 32209

81 Name

GREEN, BRINDA J.

82 Street Address (P.O. Box Number is Not Acceptable)

801 W. 4TH STREET, # 1800

83

84 City

JACKSONVILLE

FL

85

Zip Code

32209

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

Brinda J. Green (Manager) Brinda J. Green

7-9-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

M

NAME

BAILEY, VALERIE F

STREET ADDRESS

801 W. 4TH STREET, # 1800

CITY - ST - ZIP

JACKSONVILLE FL 32209

TITLE

P (T)

NAME

WILLIAMS, ANNIE

STREET ADDRESS

801 W. 4TH STREET, # 1802

CITY - ST - ZIP

JACKSONVILLE FL 32209

TITLE

V (T)

NAME

GAINES, ALEASE

STREET ADDRESS

801 W. 4TH STREET, # 806

CITY - ST - ZIP

JACKSONVILLE FL 32209

TITLE

S (T)

NAME

PERRY, ELIZABETH

STREET ADDRESS

801 W. 4TH STREET, # 1104

CITY - ST - ZIP

JACKSONVILLE FL 32209

TITLE

K

NAME

KENNEDY, EMILY

STREET ADDRESS

801 W. 4TH STREET, # 1101

CITY - ST - ZIP

JACKSONVILLE FL 32209

TITLE

S

NAME

FELIX, GAIL

STREET ADDRESS

801 W. 4TH STREET, # 1103

CITY - ST - ZIP

JACKSONVILLE FL 32209

1.1 TITLE

M (D)

1.2 NAME

Green, Brinda J.

1.3 STREET ADDRESS

801 W. 4TH STREET, # 1800

1.4 CITY - ST - ZIP

JACKSONVILLE, FL 32209

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

200001905182

-07/26/96--01008--041

***61.25

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: Brinda J. Green / Brinda J. Green

7-9-96

804/390907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)