FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 1997

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N94000004756 (2)

SENIOR CITIZEN VILLAGE RESIDENT ASSOCIATION, INC

Principal Place of Business Mailing Address

FILED May 05 1997 8:00am Secretary of State



801 W. 4TH ST JACKSONVILLE		801 W. 4TH STREET. # 180 JACKSONVILLE FL 32209-66					
					3. Date Incorporated or Qualified 09/27/1994	3a. Date of Las 07/25/1	st Report 1996
2. Principal Place of Business		2a. Mailing Address			4. Fet Number 59-3328969	<u> </u>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$0.7C		
22		27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		26			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		er s. 199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		30	Florida Statutes Yes No 10. Name and Address of New Registered Agent			
			81	Name	0 1 1 1	N	
GREEN.	BRINDA J		82	Stroot Ac	Coleman Michelle Idress (P.O. Box Number is Not Acceptate	FT	
801 W. 4TH STREET, # 1800				Silver		800	
JACKSO	NVILLE FL 32209		83				
			84	l City		—. 85 Z	ip Code
- 		1047 (100 8)			JAX.	▁▐▘▙▕▁▕▃	32209
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State	2 and 617.1508, Florida Statuti of Florida. Such change was a	es, the abov authorized b	re-named co y the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changin of the appointment	ig its registered as registered
agent. I s	am familiar with, and accept the obliga	tions of, Section 617.0503, Flo	orida Statute	es. 🔪	`	حادثان	
SIGNATURE	Signature, typed or printed name of registered ager	a end little if applicable (NOT)	(Mar		Quired when reinstating)	<u> </u>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	1 -	LORS IN 12
TITLE	D	DELETE	1.1 TITLE	•		Chan	ge Addition
NAME	GREEN, BRINDA J		1.2 NAME	10	Coleman Michelle A	۵	ļ
STREET ADDRESS	801 W. 4TH STREET, # 1800		1.3 STREE	T ADDRESS	BOI W. 4th St # 180 Gax de 32209	U	
CITY-ST-ZIP	JACKSONVILLE FL 32209	Delete	1.4 CITY-	ST-ZIP	yay of 32209		F Carre
TITLE	PT NATIONAL ANNUE	☐ DELETE	2.1 TITLE		•	[_] Chan	ge [_] Addition
NAME STREET ADDRESS	WILLIAMS, ANNIE 801 W. 4TH STREET, # 1602		2.2 NAME	1 ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-				
TITLE	VT .	DELETE	3.1 TITLE	31-611		Chan	ge Addition
NAME	GAINES, ALEASE		3.2 NAME	}			
STREET ADDRESS	801 W. 4TH STREET, # 806		3.3 STREE	T ADDRESS			
CATY+ST-ZIP	JACKSONVILLE FL 32209		3.4. CITY -	-ST-ZIP			
TITLE	ST	DELETE	4.1 TITLE			Chan	ge 🔲 Addition
NAME -	PERRY, EUZABETH		4. 2 NAME	· \			
STREET ADDRESS	801 W. 4TH STREET, # 1104			T ADDRESS			
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32209	☐ DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP		Chan	ge Addition
NAME	KENNEDY, EMILY		5.2 NAME			المالات فيها	go kad riddigit
STREET ADDRESS	801 W. 4TH STREET, # 1101			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209		5.4 CITY-				
TITLE	S	☐ DELETE	6.1 TITLE			Chan	ge Addition
NAME	FELIX, GAIL		6.2 NAME				
STREET ADDRESS	801 W. 4TH STREET, # 1103		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32209		6.4 CITY-	ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.