


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90407 041 \*\*\*\*61.25

<b>DOCUMENT # N94000004756</b>					
<b>1. Entity Name</b> SENIOR CITIZEN VILLAGE RESIDENT ASSOCIATION, INC.					
<b>Principal Place of Business</b> 801 W. 4TH STREET, # 1800 JACKSONVILLE FL 32209			<b>Mailing Address</b> 801 W. 4TH STREET, # 1800 JACKSONVILLE FL 32209		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
COLEMAN, MICHELLE A. 801 W 4 ST #1800 JACKSONVILLE FL 32209			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		



MOORE CR2E037 (11/03)

**4. FEI Number** 59-3328969 ☐ Applied For  
Not Applicable

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

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

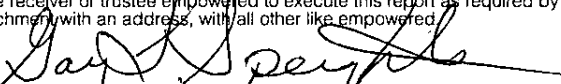
**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

**9. Election Campaign Financing** ☐ **\$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		
<b>TITLE</b>	DM	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	DM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	COLEMAN, MICHELLE A.		<b>NAME</b>	Speights Gary	
<b>STREET ADDRESS</b>	801 W 4 ST #1800		<b>STREET ADDRESS</b>	801 West 4th St #1800	
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL		<b>CITY-ST-ZIP</b>	Jax. fl. 32209	
<b>TITLE</b>	PT	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WILLIAMS, ANNIE		<b>NAME</b>		
<b>STREET ADDRESS</b>	801 W. 4TH STREET, # 1602		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32209		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	VT	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	GAINES, ALEASE		<b>NAME</b>		
<b>STREET ADDRESS</b>	801 W. 4TH STREET, # 806		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32209		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	ST	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PERRY, ELIZABETH		<b>NAME</b>		
<b>STREET ADDRESS</b>	801 W. 4TH STREET, # 1104		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32209		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	T	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	KENNEDY, EMILY		<b>NAME</b>		
<b>STREET ADDRESS</b>	801 W. 4TH STREET, # 1101		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32209		<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	S	<input type="checkbox"/> Delete	<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PERRY, ELIZABETH		<b>NAME</b>		
<b>STREET ADDRESS</b>	801 W 4TH STREET, #1104		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32209		<b>CITY-ST-ZIP</b>		

**12.** I 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 report or supplemental reports 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04  
Date

359-0907  
Daytime Phone #