

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 019 ****61.25

DOCUMENT # N94000004756					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3328969	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLEMAN, MICHELLE A. 801 W 4 ST #1800 JACKSONVILLE, FL 32209			Name Deirdre L. Johnson Street Address (P.O. Box Number is Not Acceptable) 801 W. 4th St. #1800 City Jacksonville FL Zip Code 32209		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE DM NAME SPEIGHTS, GARY STREET ADDRESS 801 W 4 ST #1800 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE DM NAME Deirdre L. Johnson STREET ADDRESS 801 W. 4th St. #1800 CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PT NAME WILLIAMS, ANNIE STREET ADDRESS 801 W. 4TH STREET, # 1602 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE PT NAME WILLIAMS, ANNIE STREET ADDRESS 801 W. 4TH STREET, # 1602 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME GAINES, ALEASE STREET ADDRESS 801 W. 4TH STREET, # 806 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE VT NAME Delores Hall STREET ADDRESS 801 W. 4th St. #101 CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME PERRY, ELIZABETH STREET ADDRESS 801 W. 4TH STREET, # 1104 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE ST NAME Eula Mayes STREET ADDRESS 801 W. 4th St. #1505 CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME KENNEDY, EMILY STREET ADDRESS 801 W. 4TH STREET, # 1101 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Delete		TITLE T NAME KENNEDY, EMILY STREET ADDRESS 801 W. 4TH STREET, # 1101 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME PERRY, ELIZABETH STREET ADDRESS 801 W 4TH STREET, #1104 CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete		TITLE S NAME Emily Kennedy STREET ADDRESS 801 W. 4th St. #1101 CITY-ST-ZIP Jacksonville, FL 32209	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Deirdre L. Johnson			Date 4/15/05 Daytime Phone # 904-359-0907		