FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State
02-25-1999 90021 013 ****61.25

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1. Corporation Name

NORTH RIVERSIDE COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2893 EDISON AVE JACKSONVILLE FL 32254 US	2543 LEWIS ST JACKSONVILLE FL 32204

2. Principal Place of Business 21	2a. Mailing Address 26 2893 Edison Ave Jack. Fla 32254	3. Date Incorporated or Qualifed 11/04/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3284242 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Jacksonville Fla	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32254 Country 30 Duval	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CAROL S MILLER
126 W ADAMS ST
STE 700
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KERR, DIANE		1.2 NAME		
STREET ADDRESS	2893 EDISON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32254		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, DORTHY		2.2 NAME		
STREET ADDRESS	296 STOCKTON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAKCONSIVLLE FL 32204		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MERRIT, PEAIDENE		3.2 NAME		
STREET ADDRESS	366 BROWARD ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KERR, VINCE		4.2 NAME		
STREET ADDRESS	2893 EDISON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, WILLIAM		5.2 NAME		
STREET ADDRESS	2803 FITZGERALD ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, SARAH		6.2 NAME		
STREET ADDRESS	2832 WEBSTER ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Vincent J. Kerr Vincent J. Kerr 1-19-99 904-387-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)