

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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DOCUMENT # N95000000225

1. Corporation Name
CENTENNIAL Resident management
Corporation, INC.

Principal Place of Business Mailing Address
230 East 1st St. Su. 102
Jax., Fl. 32206

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3292488		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMASENA OWENS
230 E. 1st St. # 908
Jax., Fl. 32206

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	Shirley A. Perry	1.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 205	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	1.4 CITY-ST-ZIP	
TITLE	VPO	2.1 TITLE	
NAME	James M. Clary	2.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 1002	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	Patricia Slurry	3.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 903	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	
NAME	Virginia Wilson	4.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 913	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	Ellis Green	5.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 1308	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	Essie M. Brunson	6.2 NAME	
STREET ADDRESS	230 E. 1 st St. # 505	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jax., Fl. 32206	6.4 CITY-ST-ZIP	

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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:

Shirley Perry Shirley Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

904-632-4821

Daytime Phone #

CR2E037 (12/95)

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Birdie McNaire

230 E. 1st St. #1104

Jax. Fl. 32206

PD

Margret C. Baldwin

230 E. 1st St. #412

Jax. Fl. 32206

D

Ardella Woods

230 E. 1st St. #605

Jax. Fl. 32206

D

Willie ANN Holmes

230 E. 1st St. #503

Jax. Fl. 32206

D

Ruby Lavelay

230 E. 1st St. #415

Jax. Fl. 32206

D

Daisy Brito

230 E. 1st St. #716

Jax. Fl. 32206

John C. Trotter - Past President

230 E. 1st St. #213

Jax. Fl. 32206