•, FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

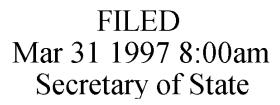
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N95000000225 (1)

CENTENNIAL RESIDENT MANAGEMENT CORPORATION, INC.





Principal Place of Business Mailing Address						—				
230 EAST 1ST STREET. #102 230 EAST 1ST STREET. #10 JACKSONVILLE FL 32206 JACKSONVILLE FL 32206-50										
						3. Date Incorporated or Qualified 01/17/1995				
2. Principal Place of Business 2a. Maili 21		2a. Mailing Address 26	Mailing Address			4. FEI Number 59-3292688				
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.	-			5. Certificate of Status Desired			Additional Required	
City & Star 23	te	City & State				Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zıp 24	25 29		Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
				81	Name					
OWENS, THOMASENA 230 EAST 1ST STREET, #908				82	Street A	Address (P.O. Box Number is Not Acceptable)				
	NVILLE FL 32206			83						
				B4	City		FL	85 Zij	p Code	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registers			orporation submits this statement for the pration's board of directors. I hereby acceptured when reinstains ADDITIONS/CHANGES TO OFFICE	DATE			
12.	OFFICERS AND	DELETE	13.							
TITLE NAME	PD PERRY, SHIRLEY A	X1 nereig	1.1 T 1.2 N	IPLE IAME		President/Director Ella Green	,	Change	3 LI ADDITION	
STREET ADDRESS	230 EAST 1ST STREET, #205		1.3 S	TREET	1 '	230 East 1st Street	· #1	308		
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 0	ITY-S	IT-ZIP	Tacknonville Et '	22206			
1fflE	VD	DELETE	2.1 T	ITLE	[-	Vice President / Pire	ctor	Change	e 🔲 Addition	
NAME	MCCLARY, JAMES		2.2 N	AME	[]	Vice President/pire				
STREET ADDRESS	230 EAST 1ST STREET, #1202 JACKSONVILLE FL 32206	?	1		ADDRESS	230 East 1st Street Jacksonville, Flor	t, #9	08 3220		
CITY - ST - ZIP	SD SD	DELETE	3.11		31-41F	Secretary / Divect	0/	Change		
NAME.	SCURRY, PATRICIA	-	3.2 N	AME		Lula Small	,			
STREET ADDRESS	230 EAST 1ST STREET, #903		3.3 \$	TREET		230 East 1st St. #	1016			
CITY-ST-ZIP	JACKSONVILLE FL 32206				ST-ZIP	Jacksonville, FL	32206			
TITLE	ASD	DELETE	4.1 T			Financial Secretar	Y !	K i Change	e 🔲 Additio	
NAME	WILSON, VIRGINIA		1	NAME		Beatrice Hunt	400.			
STREET ADDRESS	230 EAST 1ST STREET, #913 JACKSONVILLE FL 32208			,,	ADORESS	230 East 1st St. #	1 <i>V~</i>			
CITY - ST - ZIP	TD	DELETE	5.1 T				32206	Change	e 🔲 Addition	
NAME	GREEN, ELLA			IAME		Treasurer Benjamin Barrow, J:		ж		
STREET ADDRESS	1	3				230 East 1st Street		103		
CITY-SI-7IP	JACKSONVILLE FL 32208				ST-ZIP		32206			
TITLE	CD	DELETE	6.1 T	_		Director	,	Change	e 🔀 Additio	
NAME	BRUSON, ESSIE M	•,	6.2 N	IAME	1	ArdellA WOO	de !	1-1		
STREET ADDRESS	230 EAST 1ST STREET, #505		6.3 \$	TREET	ADDRESS	San E. IST STYCE	7 #	F60	.5	
CITY - ST - ZIP	JACKSONVILLE FL 32206		6.4 0	HTY-S	ST-ZIP	PACKSONOWIC FL 32	206			

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.

SIGNATURE:

Daytime Phorie 40004707