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Mar 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000225 (1)

1. Corporation Name

CENTENNIAL RESIDENT MANAGEMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206

230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206-5032



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OWENS, THOMASENA
230 EAST 1ST STREET, #908
JACKSONVILLE FL 32206

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PERRY, SHIRLEY A
STREET ADDRESS 230 EAST 1ST STREET, #205
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ DELETE

1.1 TITLE President/Director ☒ Change ☐ Addition
1.2 NAME Ella Green
1.3 STREET ADDRESS 230 East 1st Street, #1308
1.4 CITY-ST-ZIP Jacksonville, FL 32206

TITLE VD
NAME MCCLARY, JAMES
STREET ADDRESS 230 EAST 1ST STREET, #1202
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ DELETE

2.1 TITLE Vice President/Director ☒ Change ☐ Addition
2.2 NAME Thomasena Owens
2.3 STREET ADDRESS 230 East 1st Street, #908
2.4 CITY-ST-ZIP Jacksonville, Florida 32206

TITLE SD
NAME SCURRY, PATRICIA
STREET ADDRESS 230 EAST 1ST STREET, #903
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ DELETE

3.1 TITLE Secretary/Director ☒ Change ☐ Addition
3.2 NAME Lula Small
3.3 STREET ADDRESS 230 East 1st St. #1016
3.4 CITY-ST-ZIP Jacksonville, FL 32206

TITLE ASD
NAME WILSON, VIRGINIA
STREET ADDRESS 230 EAST 1ST STREET, #913
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ DELETE

4.1 TITLE Financial Secretary ☒ Change ☐ Addition
4.2 NAME Beatrice Hunt
4.3 STREET ADDRESS 230 East 1st St. # 402
4.4 CITY-ST-ZIP Jacksonville, FL 32206

TITLE TD
NAME GREEN, ELLA
STREET ADDRESS 230 EAST 1ST STREET, #1308
CITY-ST-ZIP JACKSONVILLE FL 32206 ☒ DELETE

5.1 TITLE Treasurer ☒ Change ☐ Addition
5.2 NAME Benjamin Barrow, Jr.
5.3 STREET ADDRESS 230 East 1st Street, #1103
5.4 CITY-ST-ZIP Jacksonville, FL 32206

TITLE CD
NAME BRUSON, ESSIE M
STREET ADDRESS 230 EAST 1ST STREET, #505
CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ DELETE

6.1 TITLE Director ☒ Change ☒ Addition
6.2 NAME Ardella Wood
6.3 STREET ADDRESS 230 East 1st Street #605
6.4 CITY-ST-ZIP Jacksonville, FL 32206

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004707

CR2E037 (9/96)