

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000225 (1)**

1. Corporation Name

CENTENNIAL RESIDENT MANAGEMENT CORPORATION, INC.

Principal Place of Business

**230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206**

Mailing Address

**230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206**



3. Date Incorporated or Qualified

01/17/1995

4. FEI Number

59-3292688

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 230 East 1st Street

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL

28

Zip

Country

Zip

Country

24 32206

25 Duval

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

Ella Green

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

230 East 1st Street

83

84 City

Jacksonville

FL

85 Zip Code

32206

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

Ella Green

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GREEN, ELLA	
STREET ADDRESS	230 E 1ST ST 1308	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, THOMASENA	
STREET ADDRESS	230 E 1ST ST 908	
CITY-ST-ZIP	JACKSONVILLE FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reatha Jackson
2.3 STREET ADDRESS	230 East 1st Street, #409
2.4 CITY-ST-ZIP	Jacksonville, Florida 32206

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, LULA	
STREET ADDRESS	230 E 1ST ST 1016	
CITY-ST-ZIP	JACKSONVILLE FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Margaret Baldwin
3.3 STREET ADDRESS	230 East 1st Street, #412
3.4 CITY-ST-ZIP	Jacksonville, FL 32206

TITLE	FS	<input type="checkbox"/> DELETE
NAME	HUNT, BEATRICE	
STREET ADDRESS	230 E 1ST ST 402	
CITY-ST-ZIP	JACKSONVILLE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BARROW, BENJAMIN J	
STREET ADDRESS	230 E 1ST ST 1103	
CITY-ST-ZIP	JACKSONVILLE FL	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Willie Ann Holmes
5.3 STREET ADDRESS	230 East 1st Street, #503
5.4 CITY-ST-ZIP	Jacksonville, FL 32206

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BRUSON, ESSIE M	
STREET ADDRESS	230 EAST 1ST STREET, #505	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dorothy Roberts
6.3 STREET ADDRESS	230 East 1st Street
6.4 CITY-ST-ZIP	Jacksonville, FL 32206

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.

SIGNATURE:

Ella Green **NATURE REQUIRED**

1/7/98

(904) 353-3067

CR2E037 (10/97)