

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90249 024 ****61.25

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1. Corporation Name

CENTENNIAL RESIDENT MANAGEMENT CORPORATION, INC.

Principal Place of Business

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

Mailing Address

230 EAST 1ST STREET, #102
JACKSONVILLE FL 32206



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/17/1995

4. FEI Number

59-3292688

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, ELLA
230 EAST 1ST STREET, #908 #1308
JACKSONVILLE FL 32206

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 ELLA GREEN PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GREEN, ELLA
STREET ADDRESS 230 E 1ST ST 1308
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD
NAME JACKSON, REATHA
STREET ADDRESS 230 E 1ST ST #409
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE SD
NAME BALDWIN, MARGARET
STREET ADDRESS 230 E 1ST STREET #412
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE FS
NAME HUNT, BEATRICE
STREET ADDRESS 230 E 1ST ST 402
CITY-ST-ZIP JACKSONVILLE FL

TITLE T
NAME HOLMES, WILLIE A
STREET ADDRESS 230 E 1ST STREET #503
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE CD
NAME ROBERTS, DOROTHY
STREET ADDRESS 230 E 1ST ST
CITY-ST-ZIP JACKSONVILLE FL 32206

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPD
2.2 NAME JOHN TROTTER
2.3 STREET ADDRESS 230 E 1ST ST #213
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32206

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE RUBY HOLMES
4.2 NAME
4.3 STREET ADDRESS 230 E 1ST #1208
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32206

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

ELLA GREEN PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-99

Date

904-353-3887

Daytime Phone #

CR2E037 (11/98)