


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N96000001697 (9)

1. Corporation Name

DURKEEVILLE RESIDENT MANAGEMENT CORPORATION, INC



Principal Place of Business

Mailing Address

1118 STEEL COURT  
JACKSONVILLE FL 32209

8711 NEWTON ROAD. #212  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3373822

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 8711 Newton Rd

22 City & State

27 City & State

23 Zip Country

28 Jacksonville FL

24 Zip Country

29 32216 Duval

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

MITCHELL, WAIRTER J  
8711 NEWTON ROAD #212  
JACKSONVILLE FL 32216

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

WAIRTER MITCHELL

*Walter Mitchell*

2-12-98

Signature, typed or printed name

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MITCHELL, WAIRTER  
STREET ADDRESS 8711 NEWTON ROAD #212  
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE S.  
1.2 NAME REGINA MIDDLETON  
1.3 STREET ADDRESS 2045 JAMES RD.  
1.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32210

TITLE S  
NAME GARDNER, JESSIE  
STREET ADDRESS 1120 STEELE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32209

2.1 TITLE S.  
2.2 NAME QUEEN, JAMES  
2.3 STREET ADDRESS 3785 BRENTWOOD AVE.  
2.4 CITY-ST-ZIP JACKSONVILLE, FLA. 32209

TITLE D  
NAME LEE, KATIE  
STREET ADDRESS 3330 BRENTWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE C  
NAME BUTLER, WILLIE MAE  
STREET ADDRESS 1617 WILCOX  
CITY-ST-ZIP JACKSONVILLE FL 32209

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME SMITH, MAGGIE  
STREET ADDRESS 3182 BRENTWOOD AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32209

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

TITLE VP  
NAME WATERS, SELENA  
STREET ADDRESS 1720 PAYNE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32209

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.

SIGNATURE:

*Walter Mitchell* WAIRTER MITCHELL 2-12-98

CR2E037 (10/97)