

**FILED**  
**Jun 29, 2001 8:00 am**  
**Secretary of State**

06-29-2001 90002 034 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** N98000002144  
**1. Entity Name:**  
 RAMONA PARK RESIDENT MANAGEMENT CORPORATION, INC

**Principal Place of Business**      **Mailing Address**  
 6750 Ramona Blvd. #413      6750 Ramona Blvd. #413  
 Jacksonville, FL 32205      Jacksonville, FL 32205

A0075267

**2. Principal Place of Business**  
 same

**3. Mailing Address**  
 same

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3261393      **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Veronica Sledge  
 6750 Ramona Blvd. #413  
 Jacksonville, FL 32205

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**

**SIGNATURE** \_\_\_\_\_ **4/25/2001**  
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when re-registering.)      DATE

**FILE NOW**  
**FEE IS \$81.25**

**9. Election Campaign Financing**  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>PRESIDENT, Director</b> <input type="checkbox"/> Delete
<b>NAME</b>	Veronica Sledge
<b>STREET ADDRESS</b>	6750 Ramona Blvd Apt. #12
<b>CITY-ST-ZIP</b>	Jacksonville, Florida, 32205
<b>TITLE</b>	<b>VICE-PRESIDENT, Director</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	Deborah Giles
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #518
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>SECRETARY, Director</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	Paula Irvin
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #130
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>TREASURER, Director</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	Tanika Chapman
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #310
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>CHAPLAIN, Director</b> <input type="checkbox"/> Delete
<b>NAME</b>	Evelyn Canon
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #312
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>Sgt. at Arms, Director</b> <input type="checkbox"/> Delete
<b>NAME</b>	Penney Rackley
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #121
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>President, Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Veronica Sledge
<b>STREET ADDRESS</b>	6750 Ramona Blvd. Apt. 12
<b>CITY-ST-ZIP</b>	Jacksonville, FL, 32205
<b>TITLE</b>	<b>VICE-PRESIDENT, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Sandy Thorton
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #310
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>SECRETARY, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Melody Williams
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #116
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>TREASURER, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Lakesha Jones
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #22
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>CHAPLAIN, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Wanda Thomas
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #45
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205
<b>TITLE</b>	<b>Sgt. at Arms, Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	Penney Rackley
<b>STREET ADDRESS</b>	6750 Ramona Blvd. #121
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32205

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Veronica Sledge*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2001**  
Date

Daytime Phone #

CR2E037 (11/00)



Attachment  
A 0075267

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2001

RAMONA PARK RESIDENT MANAGEMENT CORPORATION  
6750 RAMONA BLVD  
#413  
JACKSONVILLE, FL 32205

SUBJECT: RAMONA PARK RESIDENT MANAGEMENT CORPORATION  
Ref. Number: N98000002144

We have received your document for RAMONA PARK RESIDENT MANAGEMENT CORPORATION and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 10 or 11. Use a "D" or "T" to designate the title.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 801A00032177