

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90064 031 ****61.25

DOCUMENT # N98000002144

1. Entity Name

RAMONA PARK RESIDENT MANAGEMENT CORPORATION



Principal Place of Business

**6750 RAMONA BLVD
SUITE 413
JACKSONVILLE FL 32205**

Mailing Address

**6750 RAMONA BLVD
SUITE 413
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3261693**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLEDGE, VERONICA
6750 RAMONA BLVD
SUITE 413
JACKSONVILLE FL 32205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Veronica Sledge

4-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLEDGE, VERONICA	
STREET ADDRESS	6750 RAMONA BLVD., APT. 12	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PENDER, NIOKA	
STREET ADDRESS	6750 RAMONIA BLVD APT 224	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MELANIE	
STREET ADDRESS	6750 RAMONIA BLVD APT 116	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MOGHILISHA	
STREET ADDRESS	6750 RAMONIA BLVD APT 215	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANGELA	
STREET ADDRESS	6750 RAMONIA BLVD APT 215	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	S@AD	<input type="checkbox"/> Delete
NAME	RACKLEY, PENNY	
STREET ADDRESS	6750 RAMONIA BLVD APT 202	
CITY-ST-ZIP	JACKSONVILLE FL 32205	

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

12. 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 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

4-15-03

(904) 781-3000

CR2E037 (10/02)