

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90002 048 \*\*\*\*61.25

**DOCUMENT # N99000004599**



1. Entity Name  
**CENTENNIAL TOWNHOUSE EAST RESIDENT  
MANAGEMENT CORPORATION**

Principal Place of Business  
**961 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206**

Mailing Address  
**C/O VICKEY MURPHY  
1015 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206**

**54024303**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03112004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-3648485**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MURPHY, VICKEY  
1015 NORTH LIBERTY STREET  
JACKSONVILLE, FL 32206**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE VPD  
NAME HENDERSON, PRINCEEN ☒ Delete  
STREET ADDRESS 1047 NORTH LIBERTY STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE PD  
NAME MURPHY, VICKEY W ☐ Delete  
STREET ADDRESS 1015 NORTH LIBERTY STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE SD  
NAME JACKSON, CRYSTAL ☒ Delete  
STREET ADDRESS 985 N LIBERTY STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE TD  
NAME SWINTON, MAE FRANCES ☒ Delete  
STREET ADDRESS 977 N LIBERTY STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME MURPHY, VICKEY W.  
STREET ADDRESS 1015 N. Liberty Street  
CITY-ST-ZIP Jacksonville, FL 32206

TITLE VPD ☐ Change ☒ Addition  
NAME BEAUFORT, ANNIE  
STREET ADDRESS 1007 N. Liberty Street  
CITY-ST-ZIP Jacksonville, FL 32206

TITLE TD ☐ Change ☒ Addition  
NAME RODGERS, PHARIS  
STREET ADDRESS 1014 N. Liberty Street  
CITY-ST-ZIP Jacksonville, FL 32206

TITLE SD ☐ Change ☒ Addition  
NAME MERRITT, La'NITA  
STREET ADDRESS 1004 N. Liberty Street  
CITY-ST-ZIP Jacksonville, FL 32206

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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: Vickey W. Murphy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 (904)598-9006  
Date Daytime Phone #