

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 027 ***158.75

DOCUMENT # S28268

1. Entity Name

PARK AVENUES RENTAL COMMUNITY TWO, INC.



Principal Place of Business

8705 PERIMETER PARK BLVD.
8
JACKSONVILLE FL 32216
US

Mailing Address

8705 PERIMETER PARK BLVD.
8
JACKSONVILLE FL 32216
US

94054974



MOORE CR2E034 (11/03)

2. Principal Place of Business

8711 PERIMETER PARK BLVD.

3. Mailing Address

8711 PERIMETER PARK BLVD.

Suite, Apt. #, etc.

SUITE 11

Suite, Apt. #, etc.

SUITE 11

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3055337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORT, DONALD C
8705-8 PERIMETER PARK BLVD.
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

FORT, DONALD C.

Street Address (P.O. Box Number is Not Acceptable)

8711-11 PERIMETER PARK BLVD.

City

JACKSONVILLE

FL

Zip Code
32216

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS ☐ Delete
NAME TYE, GAIL D
STREET ADDRESS 8705-8 PERIMETER PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ Delete
NAME FORT, DONALD C.
STREET ADDRESS 8705-8 PERIMETER PARK BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☒ Change ☐ Addition
NAME TYE, GAIL D.
STREET ADDRESS 8711-11 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE P ☒ Change ☐ Addition
NAME FORT, DONALD C.
STREET ADDRESS 8711-11 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

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

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

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

TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04

(904) 641-0018