


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-28-2007 90002 017 ****70.00
706155

FILED
Apr 11, 2007 8:00 A.M.
Secretary of State

DOCUMENT # 706155					
1. Entity Name JACKSON MANOR APARTMENTS, INC.					
Principal Place of Business 2319 JACKSON STREET APT 6 HOLLYWOOD FLA. 33020		Mailing Address 2319 JACKSON STREET APT 6 HOLLYWOOD FLA, FL 33020 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1160709	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEDY, LYNETTE M 2319 JACKSON ST APT 6 HOLLYWOOD, FL 33020			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 <u><i>Lynette M. Kennedy</i></u> Treasurer				DATE <u>3-17-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GRANDA, RONALD	NAME	Samuel Colon		
STREET ADDRESS	2319 JACKSON ST., #10	STREET ADDRESS	3161 S. OCEAN DR.		
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	Hollywood, FL 33009		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROSE, CAROLYN	NAME	Sherie Hamilton		
STREET ADDRESS	2319 JACKSON ST., # 3	STREET ADDRESS	2319 JACKSON ST. #1		
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	Hollywood FL 33020		
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	KENNEDY, LYNETTE M	NAME			
STREET ADDRESS	2319 JACKSON ST., #6	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	POWELL, CECILIA	NAME			
STREET ADDRESS	2319 JACKSON ST., #2	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	DALEY, CYNTHIA	NAME			
STREET ADDRESS	2319 JACKSON ST., #4	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME	D Kenise Lopez		
STREET ADDRESS		STREET ADDRESS	1114 NE 7th St		
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood, FL 33009		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Lynette M. Kennedy</i></u> Lynette M. Kennedy - Secretary				DATE <u>5-21-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				City/State/Phone #	

As per telephone conversation,

or u/a