

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745705

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** SECOND JUNGLE DEN VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

1640 JUNO TRAIL  
ASTOR, FL 321027940

**New Principal Place of Business:**

**Current Mailing Address:**

1640 JUNO TRAIL  
ASTOR, FL 321027940

**New Mailing Address:**

**FEI Number:** 59-1966546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONWAY, LOUIS E.  
200 E. GRANADA BLVD.  
304 FLAGSHIP FIRST NATIONAL BANK  
ORMOND BEACH, FL US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHAEFER, WAYNE  
Address: 1640 JUNO TRAIL 201-C  
City-St-Zip: ASTOR, FL 32102

Title: SD ( ) Delete  
Name: SHERRARD, JIM(RECORD, ING)  
Address: 1640 JUNO TR #104  
City-St-Zip: ASTOR, FL

Title: D ( ) Delete  
Name: STALLARD, JIM  
Address: 1640 JUNO TRAIL #204  
City-St-Zip: ASTOR, FL

Title: VPD ( ) Delete  
Name: KELLY, LARRY  
Address: 1640 JUNE TR. 203C  
City-St-Zip: ASTOR, FL 32102

Title: T ( ) Delete  
Name: BURNS, BETTY J.  
Address: 1640 JUNE TR., #204 F  
City-St-Zip: ASTOR, FL

Title: D ( ) Delete  
Name: SAMUELSON, GINNY  
Address: 1640 JUNO TR 103C  
City-St-Zip: ASTOR, FL 32102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SHERRARD, JIM,  
Address: 1640 JUNO TR #104  
City-St-Zip: ASTOR, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BURNS, BETTY J.  
Address: 1640 JUNE TR., #204 F  
City-St-Zip: ASTOR, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY BURNS

SEC

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date