

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

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90081 019 \*\*\*\*61.25

**DOCUMENT # 745705**

1. Entity Name

**SECOND JUNGLE DEN VILLAS ASSOCIATION, INC.**



Principal Place of Business

**1640 JUNO TRAIL  
ASTOR FL 32102-7940**

Mailing Address

**1640 JUNO TRAIL  
ASTOR FL 32102-7940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1966546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	SCHAEFER, WAYNE	1640 JUNO TRAIL 201-C ASTOR FL 32102				
	SD	SHERRARD, JIM(RECORDING)	1640 JUNO TR #104 ASTOR FL				
	D	STALLARD, JIM	1640 JUNO TRAIL #204 ASTOR FL				
	D	CARLSON, NORM	1640 JUNO TRAIL ASTOR FL 32102				
	T	BURNS, BETTY J.	1640 JUNE TR., #204 F ASTOR FL				
	D	HEPLER, MARK	1640 JUNO TRAIL ASTOR FL 32102				

CR2E037 (10/02)

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 life empowered.

SIGNATURE:

*Betty J. Burns*

1/31/03

386-749-2727