2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90023 014 ****70.00

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1. Entity Name
JUBILATION COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1170 HARVEST DRIVE IMMOKALEE, FL 34142	1170 HARVEST DRIVE IMMOKALEE, FL 34142

02202006 Chg-NP CR2E037 (11/05)

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 65-1084657 ☐ Applied For ☐ Not Applicable

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
NOGAJ, RICHARD J 1170 HARVEST DRIVE IMMOKALEE, FL 34142	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, 2006

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	PD NOGAJ, RICHARD 1170 HARVEST DRIVE IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Carmelita Lopez 1170 Harvest Drive, Immokalee,FL 34142 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD NOGAJ, FLORENCE 1170 HARVEST DRIVE IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Direcotr Sandra Medrano 1170 Harvest Dr., Immokalee, FL 34142 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELAROSA, ELIZABETH 1170 HARVEST DRIVE IMMOKALEE, FL 34142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DeLaRosa, Elizabeth 1170 Harvest Dr.,Immokalee,FL34142 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Desilus Nicolas 1170 Harvest Dr., Immokalee, FL 34142 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jerry Kennedy 1170 Harvest Dr., Immokalee, FL 34142 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Stephen Perez 1170 Harvest Dr., Immokalee, FL 34142 — ☐ Change ☒ Addition

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: Carmelita Lopez Carmelita Lopez 3-17-06 239-657-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #