

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006954

FILED
Jan 16, 2009
Secretary of State

Entity Name: JUBILATION COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1084657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, DIANA L
1840 BOY SCOUT DRIVE
SUITE B
FORT MYERS, FL 33907 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: P/D () Delete
Name: CARMICHAEL, THOMAS
Address: 1150 SERENITY WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: V/D () Delete
Name: HUDSON, BOBBY
Address: 1276 FRIENDSHIP WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: S/D () Delete
Name: LOPEZ, CARMELITA
Address: 1115 SERENITY WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: T/D () Delete
Name: PEREZ, STEPHEN
Address: 1141 SERENITY WAY
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: KENNEDY, JERRY
Address: 1170 HARVEST DR
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: DESILUS, NICOLAS
Address: 1110 SERENITY WAY
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: T/D (X) Change () Addition
Name: PECK, PATRICK
Address: 1244 FRIENDSHIP WAY
City-St-Zip: IMMOKALEE, FL 34142

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

Title: D (X) Change () Addition
Name: MACMENAMIN, MICHAEL
Address: 1125 SERENITY LANE
City-St-Zip: IMMOKALEE, FL 34142

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: DIANA MOORE

AGT

01/16/2009

Electronic Signature of Signing Officer or Director

Date