2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N00000006954

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:

BCH GROUP MANAGEMENT, INC.
1840 BOY SCOUT DRIVE, SUITE B
FORT MYERS, FL 33907

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:	PECK, PATRICK	
Address:	1244 FRIENDSHIP 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:	MACMENAMIN, MICHAEL	
Address:	1125 SERENITY LANE	
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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KENNEDY, DIANA	
Address:	1154 SERENITY WAY	
City-St-Zip:	IMMOKALEE, FL 34142	
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: THOMAS CARMICHAEL PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date