
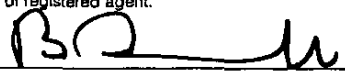

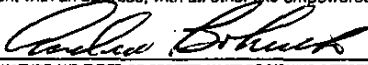


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90349 044 \*\*\*\*61.25

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # N06000010321  |   |                             |   |
| 1. Entity Name<br>JESUP'S RESERVE TOWNHOMES OWNERS' ASSOCIATION, INC.  |   |  |   |
| Principal Place of Business<br>2200 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309   |   | Mailing Address<br>2200 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309                                 |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State   |   | City & State   |   |
| Zip  | Country   | Zip  | Country   |
| 6. Name and Address of Current Registered Agent  |   | 7. Name and Address of New Registered Agent  |   |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |   | Name <b>Brian S. Dervishi, Esq.</b>  |   |
|  |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>One Southeast 3rd Ave, #1980</b>                    |   |
|  |   | City <b>Miami</b> FL Zip-Code <b>33131</b>   |   |
| 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    |   | Brian S. Dervishi, Esq. 04/23/2008   |   |
| 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, 2008   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |
|   |   |  |   |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GUY, DOUGLAS<br>2200 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Andrew J. Bolnick, Receiver<br>3442 East Lake Rd #310<br>Palm Harbor, FL 34685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>HOPPER, CURT<br>2200 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Tim Dunnivant<br>10044 Chardonnay Dr.<br>Orlando, FL 32835 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>CRONIN, KEVIN<br>2200 WEST CYPRESS CREEK ROAD<br>FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Douglas White<br>1384 Forest Edge Blvd<br>Oldsmar, FL 34677 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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:    |   | 04/23/2008 (305) 789-4282  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #   |   |

Andrew J. Bolnick, Receiver, President