

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90072 034 ****61.25

DOCUMENT # N01564

Entity Name
WANDA BLAKE JESSIE MOBILE HOME OWNERS' ASSOCIATION, NC.



Principal Place of Business
c/o WANDA BLAKE
123 BASS CIR.
WINTER HAVEN, FL 33881 US

Mailing Address
53 BREAM ST.
WINTER HAVEN, FL 33881 US



01082008 Chg-NP CR2E037 (11/05)

Principal Place of Business		Mailing Address		4. FEI Number 59-2676534	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

8. Name and Address of Current Registered Agent LEE JAY COLLINS & ASSOCIATES PA LEE JAY COLLING AND ASSOC PA 82 MATLANE AVE TAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-electing) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP VP JIM KOONCE 69 PERCH ST. WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP D SONNY MEYERS 118 BASS CIR. WINTER HAVEN, FL 33881	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ST WANDA BLAKE 53 BREAM ST. WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D WARREN CLINGAMAN 17 BASS CIRC. WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DR JOE KNOTT 112 BASS CIR. WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP P BETTY PRICE 67 PERCH ST WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP D ROCKEY, ROBERT 87 PERCH ST WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

2. 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: Wanda L Blake 1-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #