

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90377 042 \*\*\*\*61.25

**DOCUMENT # 760254**

1. Entity Name  
**JACKSON SHORES TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**1561-987 LAKEVIEW DRIVE  
SEBRING, FL 33870**

Mailing Address  
**1561-987 LAKEVIEW DRIVE  
SEBRING, FL 33870**

**40034633**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SNEESBY, JUDITH  
1561-947 LAKEVIEW DRIVE  
SEBRING, FL 33870**

Name **BETTY HERNDON**

Street Address (P.O. Box Number is Not Acceptable)

**1561-959 LAKEVIEW DR.**

City **SEBRING**

**FL**

Zip Code **33870**

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

*Betty Herndon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-7-07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE PD  
NAME SOUTHERN, DORIS ☐ Delete  
STREET ADDRESS 1561-944 LAKEVIEW DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE S  
NAME HERNDON, BETTY ☐ Delete  
STREET ADDRESS 1561-959 LAKEVIEW DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE TD  
NAME SNEESBY, JUDITH ☐ Delete  
STREET ADDRESS 1561-947 LAKEVIEW DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE VD  
NAME PRINE, BETTE ☐ Delete  
STREET ADDRESS 949 SE LAKEVIEW DRIVE  
CITY-ST-ZIP SEBRING, FL 33870

TITLE D  
NAME USHKA, ROBERT ☐ Delete  
STREET ADDRESS 1561-981 LAKEVIEW DR  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME SOUTHERN, DORIS  
STREET ADDRESS 1561-977 LAKEVIEW DR.  
CITY-ST-ZIP SEBRING FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PRINE, BETTE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1561-949 LAKEVIEW DR.  
CITY-ST-ZIP SEBRING, FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Betty Herndon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-7-07 382-6980**