

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006954

**Entity Name:** JUBILATION COMMUNITY ASSOCIATION, INC.

**Current 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

**FEI Number:** 65-1084657

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOORE CATOE, DIANA L  
1840 BOY SCOUT DRIVE  
SUITE B  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title P/D  
Name HUDSON, BOBBY  
Address 1276 FRIENDSHIP DRIVE  
City-State-Zip: IMMOKALEE FL 34142

Title V/D  
Name REEVES, RICHARD  
Address 1332 REFLECTIONS WAY, #1  
City-State-Zip: IMMOKALEE FL 34142

Title S/TD  
Name LOPEZ, CARMELITA  
Address 1115 SERENITY WAY  
City-State-Zip: IMMOKALEE FL 34142

Title D  
Name RAMIREZ, JUAN  
Address 1256 FRIENDSHIP DRIVE  
City-State-Zip: IMMOKALEE FL 34142

Title D  
Name KENNEDY, DIANA  
Address 1154 SERENITY WAY  
City-State-Zip: IMMOKALEE FL 34142

Title D  
Name CARMICHAEL, THOMAS  
Address 1150 SERENITY WAY  
City-State-Zip: IMMOKALEE FL 34142

*I hereby 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 all other like empowered.*

**SIGNATURE: BOBBY HUDSON**

**PRESIDENT**

**02/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date