

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003434

Entity Name: JUNGLE DEN HOMEOWNERS ASSN., INC.**Current Principal Place of Business:**1820 JUNGLE DEN RD
LOT 85
ASTOR, FL 32102**Current Mailing Address:**P. O. BOX 348
ASTOR, FL 32102-0348**FEI Number:** 76-0725258**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRUMPLER, ROY
1820 JUNGLE DEN RD
LOT 85
ASTOR, FL 32102 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	PRES
Name	FRAZIER, DARREL .
Address	PO BOX 348
City-State-Zip:	ASTOR FL 32102

Title	VP
Name	MC QUINN, DONALD
Address	1696 JUNGLE DEN RD. LOT 71
City-State-Zip:	ASTOR FL 32102

Title	TRES
Name	CRUMPLER, ROY
Address	1820 JUNGLE DEN RD. LOT 85
City-State-Zip:	ASTOR FL 32102-0348

Title	SECT
Name	STRAUS, BONNIE
Address	1788 JUNGLE DEN RD. N. LOT 03
City-State-Zip:	ASTOR FL 32102-0348

Title	D
Name	MAGGARD, PASCHAL
Address	1820 JUNGLE DEN RD. LOT 24
City-State-Zip:	ASTOR FL 32102

Title	BOARD MEMBER
Name	CARRIER, RICHARD
Address	1696 JUNGLE DEN RD. LOT 25
City-State-Zip:	ASTOR FL 32102

Title	ALTERNATE BOARD MEMBER
Name	EPPERSON, JERRY
Address	1820 JUNGLE DEN RD. LOT 102
City-State-Zip:	ASTOR FL 32102

Title	ALTERNATE BOARD MEMBER
Name	KELLEY, LINDA
Address	1820 JUNGLE DEN RD LOT 55
City-State-Zip:	ASTOR FL 32102

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: ROY C. CRUMPLER**TREASURER****03/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date