


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 049 \*\*\*\*61.25

<b>DOCUMENT # 748525</b> 1. Entity Name <b>THIRD JUNGLE DEN VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business 1640 JUNO TRAIL ASTOR, FL 32102-7940			Mailing Address 1640 JUNO TRAIL ASTOR, FL 32102-7940		
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	4. FEI Number <b>59-2369160</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BURNS, BETTY</b> <b>1640 JUNO TRAIL #204F</b> <b>ASTOR, FL 32102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURNS, BETTY 1640 JUNO TR., 204F ASTOR, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILL, DONALD 1640 JUNO TR 103D ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CURRY, GARY 1640 JUNO TRL, 104D ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGONIS, CHARLES 1640 JUNO TR 2020 ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGONIS, CHARLES 1640 JUNO TR 2020 ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGONIS, CHARLES 1640 JUNO TR 2020 ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGONIS, CHARLES 1640 JUNO TR 2020 ASTOR, FL 32102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANGONIS, CHARLES 1640 JUNO TR 2020 ASTOR, FL 32102	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Betty J. Burns</u> <b>Betty J. Burns</b> <b>2/26/08</b> <b>356-749-2727</b>					