FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751078

LONGWOOD FL

(7)

JENNIFER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address					
2640 CARA LYNN WAY LONGWOOD FL 32779 US		2640 CARA LYNN WAY LONGWOOD FL 32779-4713 US			
				 Date Incorporated or Qualified 02/18/1980 	3a. Date of Last Report 04/26/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2102772	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	SB.75 Additional Fee Required
City & State		City & State			
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability fo	·····
24	25	29	30		🔀 Yes 🔲 No
	9. Name and Address of Curren	l Registered Agent		10. Name and Address of New F	legistered Agent
			81 Name	Roger Ancona	_
GRUNDERMAN, DAVID			82 Street	Address (P.O. Box Number is Not Accepta	able)
2511 JENNIFER HOPE BOULEVARD				1440 Suzanne	Way
LONGWO	OOD FL 32779		83		1
•			84 City	1	FL 85 Zip Code 779
11. Pursuant	to the provisions of Sections 617 050:	2 and 617 1508. Florida Statu	ites, the above-named	Longwood corporation submits this statement for the	
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corp	poration's board of directors. I hereby acc	ept the appointment as registered
	in langual with, and accept the obliga	1 4	resitant		APRIL97
SIGNATURE .	Signature, typed of printed name of registered agen-	I and title if applicable (NO	TE Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D	☐ DELETE	1.1 TOLE	P + 6	☐ Change ★ Addition
NAME	KLEE, WALLY		1.2 NAME	Judy Cooper	a vala
STREET ADDRESS	2601 CARA LYNN WAY		1.3 STREET ADDRESS	Judy Cooper 1521 Monica Joy 1 Longwood, FL 3	CIPCIE
CITY-ST-ZIP	LONGWOOD FL	T DELCTE	1.4 CITY - ST - ZIP	Longwood, FL 3	2774 Channel Hatthian
TITLE	VD	L_J DELETE	2.1 TOLE	,	Change Addition
NAME	POIRIER, RICHARD 2400 JENNIFER HOPE BLVD.		2.2 NAME		
STREET ADDRESS	LONGWOOD, FL 00000		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PD PD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	GRUNDERMAN, DAVID	7	3.2 NAME		_ • • — ·
STREET ADDRESS	2511 JENNIFER HOPE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 00000		3.4. CITY - S1 - ZIP		h
TITLE	D	☐ DELFTE	4.1 TITLE	Roger Ancona 1440 Suzanne Wa Longwood, FL 32	Change Addition
NAME	ANCONA, ROGER		4. 2 NAME	Roger Ancona	
STREET ADDRESS	1440 SUŽANNE WAY		4.3 STREET ADDRESS	1440 Suzanne Wa	٠٧ _
CITY-ST-ZIP	LONGWOOD FL		4.4 C(1Y - ST - 7(P	Longwood, FL 32	779
TITLE	D	☐ DELETE	5.1 TITLE	' '	☐ Change ☐ Addition
NAME	THOMPSON, ELLIE		5.2 NAME		
STREET ADDRESS	2601 JENNIFER HOPE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 00000		5.4 CITY - ST - ZIP		
TITLE	DT	DELETE	61 TITLE		Change Addition
NAME	WOOD, ROBERT V		6.2 NAME		
STREET ADDRESS	2840 CARA LYNN WAY		6.3 STREET ADDRESS	I	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapted, or or an attachment with an address.

64 CITY-ST-ZIP

1/20/97 407/862-190

FILED

Apr 25 1997 8:00am

Secretary of State