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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751078

1. Corporation Name
JENNIFER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2640 CARA LYNN WAY
LONGWOOD FL 32779
US

Mailing Address

2640 CARA LYNN WAY
LONGWOOD FL 32779-4714
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/18/1980

4. FEI Number

59-2102772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ANCONA, ROGER
1440 SUZANNE WAY
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name **Ellie Thompson**
82 Street Address (P.O. Box Number is Not Acceptable)
2601 Jennifer Hope Blvd
83
84 City **Longwood** FL 85 Zip Code **32779**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ellie Thompson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JACKSON, JO ANN**
STREET ADDRESS **1431 SUZANNE WY**
CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE
NAME **POIRIER, RICHARD**
STREET ADDRESS **2400 JENNIFER HOPE BLVD.**
CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE **D** ☒ DELETE
NAME **COOPER, JUDY**
STREET ADDRESS **1521 MONICA JOY CIR**
CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE **P** ☐ DELETE
NAME **ANCONA, ROGER**
STREET ADDRESS **1440 SUZANNE WAY**
CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ DELETE
NAME **THOMPSON, ELLIE**
STREET ADDRESS **2601 JENNIFER HOPE BLVD**
CITY-STATE-ZIP **LONGWOOD FL 32779**

TITLE **V** ☐ DELETE
NAME **BERRIDGE, RANDOLPH**
STREET ADDRESS **1420 SUZANNE WY**
CITY-STATE-ZIP **LONGWOOD FL 32779**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Wood, Robert**
1.3 STREET ADDRESS **2640 Cara Lynn Way**
1.4 CITY-STATE-ZIP **Longwood, FL 32779**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Ancona, Roger**
4.3 STREET ADDRESS **1440 Suzanne Way**
4.4 CITY-STATE-ZIP **Longwood, FL 32779**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Thompson, Ellie**
5.3 STREET ADDRESS **2601 Jennifer Hope Blvd.**
5.4 CITY-STATE-ZIP **Longwood, FL 32779**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Berridge, Randolph**
6.3 STREET ADDRESS **1420 Suzanne Way**
6.4 CITY-STATE-ZIP **Longwood, FL 32779**

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/12/99

407/862-1903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)