

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751078

1. Entity Name

JENNIFER ESTATES HOMEOWNERS' ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90002 027 ****61.25

Principal Place of Business

Mailing Address

2640 CARA LYNN WAY
LONGWOOD FL 32779
US

2640 CARA LYNN WAY
LONGWOOD FL 32779-4713
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2102772

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ELLIE
2601 JENNIFER HOPE BLVD
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME
D JACKSON, JO ANN
STREET ADDRESS
1431 SUZANNE WY
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
D POIRIER, RICHARD
STREET ADDRESS
2400 JENNIFER HOPE BLVD.
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
T WOOD, ROBERT
STREET ADDRESS
2640 CORA LYNN WAY
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
S ANCONA, ROGER
STREET ADDRESS
1440 SUZANNE WAY
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
P THOMPSON, ELLIE
STREET ADDRESS
2601 JENNIFER HOPE BLVD
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
VP BERRIDGE, RANDOLPH
STREET ADDRESS
1420 SUZANNE WY
CITY-ST-ZIP
LONGWOOD FL 32779

TITLE ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

Signature of Robert Berridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

5/9/00

407-862-1903

Date

Daytime Phone #

CR2E037 (9/99)