

2001 UNIFORM BUSINESS REPORT (UBR)

5/5/0

FILED
May 23, 2001 8:00 am
Secretary of State

05-05-2001 90367 049 ****61.25

DOCUMENT # 751078

1. Entity 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

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

THOMPSON, ELLIE
2601 JENNIFER HOPE BLVD
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Thompson, Carol
 Street Address (P.O. Box Number is Not Acceptable)
1400 Suzanne Way
 City Longwood FL Zip Code 32779

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 Carol Thompson, president
 Signature, typed or printed name of registered agent and title if applicable

Carol Thompson 1-28-01
 (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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JO ANN	
STREET ADDRESS	1431 SUZANNE WY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POIRIER, RICHARD	
STREET ADDRESS	2400 JENNIFER HOPE BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	T, D	<input type="checkbox"/> Delete
NAME	WOOD, ROBERT	
STREET ADDRESS	2640 CARA LYNN WAY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANCONA, ROGER	
STREET ADDRESS	1440 SUZANNE WAY	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, ELLIE	
STREET ADDRESS	2601 JENNIFER HOPE BLVD	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP, D	<input type="checkbox"/> Delete
NAME	BERRIDGE, RANDOLPH	
STREET ADDRESS	1420 SUZANNE WY	
CITY-ST-ZIP	LONGWOOD FL 32779	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Carol	
STREET ADDRESS	1400 Suzanne Way	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaver, Brian	
STREET ADDRESS	1401 Suzanne Way	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ancona, Roger	
STREET ADDRESS	1440 Suzanne Way	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Showers, Dianne	
STREET ADDRESS	2670 Jennifer Hope Blvd	
CITY-ST-ZIP	Longwood, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Robert V. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01
 Date

407.862.1903
 Daytime Phone #

CR2E037 (10/00)