

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91040 039 \*\*\*\*61.25

**DOCUMENT # 751078**

1. Entity Name

JENNIFER ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2551 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779  
US

Mailing Address

2551 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779  
US

2. Principal Place of Business

2640 CARA LYNN WAY

Suite, Apt. #, etc.

3. Mailing Address

2640 CARA LYNN WAY

Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Longwood, FL

Zip

32779

Country

USA

Zip

32779

Country

USA

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

KROLL, JONATHAN J.  
2551 JENNIFER HOPE BLVD.  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name Robert V. Wood

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

2640 CARA LYNN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert V. Wood*

4/22/04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD  
NAME KROLL, JON  
STREET ADDRESS 2551 JENNIFER HOPE BLVD  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE SD  
NAME HERNDON, MARGIE  
STREET ADDRESS 1560 MONICA JOY CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

TITLE D  
NAME WOOD, ROBERT  
STREET ADDRESS 2640 CARA LYNN WAY  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE VD  
NAME ANCONA, ROGER  
STREET ADDRESS 1440 SUZANNE WAY  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE D  
NAME BLACKWAY, CHRISTINE  
STREET ADDRESS 2630 JENNIFER HOPE BLVD.  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE PD  
NAME BERRIDGE, RANDOLPH  
STREET ADDRESS 1420 SUZANNE WY  
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME Palley, Catherine  
STREET ADDRESS 1430 Suzanne Way  
CITY-ST-ZIP Longwood, FL 32779 ☐ Change ☒ Addition

TITLE ~~SD~~  
NAME ~~Brian~~ Shaber, Brian  
STREET ADDRESS 1401 Suzanne Way  
CITY-ST-ZIP Longwood, FL 32779 ☐ Change ☒ Addition

TITLE TD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Robert V. Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

407.862.1903

Date

Daytime Phone #