


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 026 ****61.25


DOCUMENT # 751078	
1. Entity Name	
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 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

50012825



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-2102772	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
WOOD, ROBERT V 2640 CARA LYNN WAY LONGWOOD FL 32779	

7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> Delete
NAME	KROLL, JON
STREET ADDRESS	2551 JENNIFER HOPE BLVD
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> Delete
NAME	SHAFOR, BRIAN
STREET ADDRESS	1401 SUZANNE WAY
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	TD <input type="checkbox"/> Delete
NAME	WOOD, ROBERT
STREET ADDRESS	2640 CARA LYNN WAY
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input type="checkbox"/> Delete
NAME	ANCONA, ROGER
STREET ADDRESS	1440 SUZANNE WAY
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BLACKWAY, CHRISTINE
STREET ADDRESS	2630 JENNIFER HOPE BLVD.
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	PD <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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaffer, Brian
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	no change
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palley, Catherine
STREET ADDRESS	1430 Suzanne Way
CITY-ST-ZIP	Longwood, FL 32779
TITLE	D <input checked="" 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* **2/4/05** **407.862.1903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #