

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90032 012 ****61.25

DOCUMENT # 751078

1. Entity Name

JENNIFER ESTÄTÉS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
2640 CARA LYNN WAY
LONGWOOD FL 32779
US

Mailing Address
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

Zip

Country

1st MOORE

CR2E037 (10/05)

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

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

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
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VP/D ☐ Change ☒ Addition
NAME Englert, MARK
STREET ADDRESS 2651 Jennifer Hope Blvd
CITY-ST-ZIP Longwood, FL 32779

TITLE D ☒ Delete
NAME SHAFFER, BRIAN
STREET ADDRESS 1401 SUZANNE WAY
CITY-ST-ZIP LONGWOOD FL 32779

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

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

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

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

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

TITLE P ☐ Delete
NAME PALLEY, CATHERINE
STREET ADDRESS 1430 SUZANNE WAY
CITY-ST-ZIP LONGWOOD FL 32779

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* Robert V. Wood

2/15/06

407.862.1903