


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 SEP 11 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 US
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2. Principal Place of Business 1430 Suzanne Way Suite, Apt. #, etc.	3. Mailing Address 1430 Suzanne Way Suite, Apt. #, etc.
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07302006 Chg-NP CR2E037 (4/06)

City & State Longwood, FL	City & State Longwood, FL
Zip 32779	Zip 32779
Country US	Country US

4. FEI Number 59-2102772	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOOD, ROBERT V 2640 CARA LYNN WAY LONGWOOD, FL 32779
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7. Name and Address of New Registered Agent	
Name Palley, Catherine	
Street Address (P.O. Box Number is Not Acceptable) 1430 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Catherine M. Palley CATHERINE M. PALLEY 9-7-06
Signature, typed or printed name of registered agent and then applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROLL, JON 2551 JENNIFER HOPE BLVD LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENGLERT, MARK 2651 JENNIFER HOPE BLVD LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOD, ROBERT 2640 CARA LYNN WAY LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANCONA, ROGER 1440 SUZANNE WAY LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLEY, CATHERINE 1430 SUZANNE WAY LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700079773777 09/13/06--01034--010 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Palley, Catherine 1430 Suzanne Way Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maureen Arcuri 1500 Jill Jenee Lane Longwood, FL 32779 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Catherine M. Palley CATHERINE M. PALLEY 9-7-06 407-772-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/11
GD