2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# 751078

Entity Name: JENNIFER ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1430 SUZANNE WAY
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1430 SUZANNE WAY
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2102772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALLEY, CATHERINE
1430 SUZANNE WAY
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROSTROM, BARBARA
Address: 1301 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: FOUTS, CYNTHIA
Address: 1531 MONICA JOY CIR
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: PALLEY, CATHERINE
Address: 1430 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD ( ) Delete
Name: ANCONA, ROGER
Address: 1440 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: OLVEY, CORRINE
Address: 1300 SUZANNE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: DAVIDSON, ROBERT
Address: 1441 TRACY DEE WAY
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M. PALLEY PD 02/06/2008

Electronic Signature of Signing Officer or Director — Date