

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751078

FILED  
Mar 05, 2012  
Secretary of State

**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 M  
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: SD  
Name: BROSTROM, BARBARA  
Address: 1301 SUZANNE WAY  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

Title: D  
Name: MORGAN, SHIRNETT  
Address: 1511 TRACY DEE WAY  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: DAVIDSON, ROBERT  
Address: 1441 TRACY DEE WAY  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: CATHERINE M PALLEY

PD

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date