

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90023 044 ****61.25

DOCUMENT # 756024

1. Entity Name
FOURTH JUNGLE DEN VILLAS ASSOCIATION, INC.



Principal Place of Business

1640 JUNO TRAIL
ASTOR, FL 32102 US

Mailing Address

1640 JUNO TRAIL
ASTOR, FL 32102 US

DO NOT WRITE IN THIS SPACE



03152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2167710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURNS, BETTY J
1640 JUNO TRAIL
204 F
ASTOR, FL 32102

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARD, STALEY
STREET ADDRESS 10401 SNOWDON PL
CITY-ST-ZIP TAMPA, FL 33626

TITLE SD
NAME GUINN, CHERYL
STREET ADDRESS P.O. BOX 3129
CITY-ST-ZIP MUNCIE, IN 47307

TITLE D
NAME MANES, JOE
STREET ADDRESS 8147 N 150 W
CITY-ST-ZIP LAKE VILLAGE, IN 46349

TITLE T
NAME BURNS, BETTY
STREET ADDRESS 1640 JUNO TRAIL 204 F
CITY-ST-ZIP ASTOR, FL 32102

TITLE VPD
NAME MC CARTER, STEVE
STREET ADDRESS 1640 JUNO TR 202 E
CITY-ST-ZIP ASTOR, FL 32102

TITLE D
NAME WELSH, REGIS
STREET ADDRESS 1640 JUNO TR 205 E
CITY-ST-ZIP ASTOR, FL 32102

**DO NOT WRITE
IN THIS SPACE**

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:

Betty J Burns *Betty J Burns*

3/16/06

386-749-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #