

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90017 004 ****61.25

DOCUMENT # 756024

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



Principal Place of Business
**1640 JUNO TRAL
ASTOR, FL 32102 US**

Mailing Address
**1640 JUNO TRAL
ASTOR, FL 32102 US**



02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, FLORY
1640 JUNE TR 1035
ASTOR, FL 32102**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WELSH, REGIS
1640 JUNO TR 205 E
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/08
Date

386-749-2727
Daytime Phone #