2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
03-12-2007 90377 042 ****61.25

DOCUMENT # 760254

1. Entity Name
JACKSON SHORES TOWNHOMES ASSOCIATION, INC.

40034633

Principal Place of Business	Mailing Address
1561-987 LAKEVIEW DRIVE SEBRING, FL 33870	1561-987 LAKEVIEW DRIVE SEBRING, FL 33870

03072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SNEESBY, JUDITH
1561-947 LAKEVIEW DRIVE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name BETTY HERNDON
Street Address (P.O. Box Number is Not Acceptable)
1561-959 LAKEVIEW DR.
City SEBRING FL Zip Code 33870

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 Betty Herndon 3-7-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOUTHERN, DORIS 1561-944 LAKEVIEW DR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SOUTHERN, DORIS 1561-977 LAKEVIEW DR. SEBRING FL 33870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HERNDON, BETTY 1561-959 LAKEVIEW DR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SNEESBY, JUDITH 1561-947 LAKEVIEW DR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRINE, BETTE 949 SE LAKEVIEW DRIVE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINE, BETTE 1561-949 LAKEVIEW DR. SEBRING, FL 33870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D USHKA, ROBERT 1561-981 LAKEVIEW DR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Betty Herndon 3-7-07 863-382-6980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #