

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90023 045 ****61.25

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



Principal Place of Business

1640 JUNO TRAIL
ASTOR, FL 32102

Mailing Address

1640 JUNO TRAIL
ASTOR, FL 32102

DO NOT WRITE IN THIS SPACE

03152006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2380713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONWAY, LOUIS E.
170 E. GRANADA BLVD.
ORMOND BEACH, FL

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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 resigning)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BURNS, BETTY
1640 JUNO TRAIL
ASTOR, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GROVENSTEIN, BETTY
1640 JUNO TRAIL
ASTOR, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, JOE
1640 JUNO TR - 203F
ASTOR, FL 32102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HASER, JOE
1640 JUNO TR 105 F
ASTOR, FL 32102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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*

3/10/06

386-749-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #