

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 765836 (2)
1. Corporation Name
JELLYSTONE PARK CONDOMINIUM ASSOCIATION, INC.

95 FEB -3 PM 1:47

Principal Place of Business Mailing Address
3000 S. CLARCONA RD #201 APOPKA FL 32703
3000 S. CLARCONA RD #201 APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1982	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2239590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
MORRISON, WILLIAM
3000 S. CLARCONA RD
#201
APOPKA FL 32703

10. Name and Address of New Registered Agent	
B1 Name	Charles D. Keener
B2 Street Address (P.O. Box Number is Not Acceptable)	3000 S. Clarcona Rd. #201
B3	
B4 City	Apopka
B5 FL	FL
B6 Zip Code	32703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Charles D. Keener* Charles D. Keener, President January 24, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, NADEEN	1.2 NAME	← same →
STREET ADDRESS	3000 S CLARCONA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, WILLIAM	2.2 NAME	P. Charles D. Keener
STREET ADDRESS	3000 S. CLARCONA RD, #405	2.3 STREET ADDRESS	3000 S. Clarcona Rd. #805
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCASTER, JEAN	3.2 NAME	VP Curtis Faulk
STREET ADDRESS	3000 S. CLARCONA RD, #609	3.3 STREET ADDRESS	3000 S. Clarcona Rd. #565
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUM, JUANITA	4.2 NAME	S Carmen C. Shultz
STREET ADDRESS	3000 S. CLARCONA RD., #610	4.3 STREET ADDRESS	3000 S. Clarcona Rd. #201
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYRICK, JIM	5.2 NAME	T E. B. Brennan (same)
STREET ADDRESS	3000 S CLARCONA RD #409	5.3 STREET ADDRESS	3000 S. Clarcona Rd. #206
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	T	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, EUGENE	6.2 NAME	D Marvin Pitts
STREET ADDRESS	3000 S CLARCONA RD #206	6.3 STREET ADDRESS	3000 S. Clarcona Rd. #676
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	Apopka, FL 32703

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 being signed, or on an attachment with my address.

SIGNATURE: *Carmen C. Shultz* Carmen C. Shultz, Secretary January 24, 1995
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #