FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:41

DOCUMENT # 769884 (8)

1. Corporation Name

SEVENTH JUNGLE DEN VILLAS ASSOCIATION,INC.

Principal Place of Business	Mailing Address
1640 JUNO TRAIL ASTOR FL 32102-4940	1640 JUNO TRAIL ASTOR FL 32102-4940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1983
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2401492 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

JOHNSON, NORD L.
233 EAST RICH AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RX	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KILX JOHNX	1.2 NAME	J.PHILLIP LAURANCE
STREET ADDRESS	1640 JUNO TRAIL #204	1.3 STREET ADDRESS	1640 JUNO TRAIL
CITY-ST-ZIP	ASTOR FLX	1.4 CITY-ST-ZIP	ASTOR, FL
TITLE	VX	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BLAIR,EDDIE	2.2 NAME	MERRELL SMITH
STREET ADDRESS	1640 JUNO TRAIL	2.3 STREET ADDRESS	1640 JUNO TRAIL
CITY-ST-ZIP	ASTOR FL	2.4 CITY-ST-ZIP	ASTOR FL
TITLE	******	3.1 TITLE	☐ Change ☐ Addition
NAME	DELOACH, RAY B.	3.2 NAME	
STREET ADDRESS	1640 JUNO TRL G-204	3.3 STREET ADDRESS	
CITY-ST-ZIP	ASTOR FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	SD ☐ Change ☒ Addition
NAME	DONNAX,ANN X	4.2 NAME	CANDY LUDWIG
STREET ADDRESS	1640 JUNO TRAIL #201	4.3 STREET ADDRESS	1640 Juno Trail
CITY-ST-ZIP	ASTOR FL	4.4 CITY-ST-ZIP	ASTOR, FL
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	BALDWIN,DONNA	5.2 NAME	ROBERT POUND
STREET ADDRESS	1640 JUNO TRAIL	5.3 STREET ADDRESS	1640 JUNO TRAIL
CITY-ST-ZIP	ASTOR FL	5.4 CITY-ST-ZIP	ASTOR FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: J. Phillip Laurance
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025740