FILE NOW: FILING FEE IS $61.25

FILED
Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32102-7940

3. Date Incorporated or Qualified: **08/17/1983**
3a. Date of Last Report: **03/25/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	LAURANCE, J. P		1.2 NAME	Betty J. Burns	
STREET ADDRESS	1640 JUNO TRAIL		1.3 STREET ADDRESS	1640 Juno Tr. - 204F	
CITY-ST-ZIP	ASTOR FL		1.4 CITY-ST-ZIP	Astor, Fl 32102	
TITLE	VD	☐ DELETE	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	SPIVEY, JAMES W.		2.2 NAME	Jim Reeves	
STREET ADDRESS	1640 JUNO TRAIL		2.3 STREET ADDRESS	1640 Juno Tr	
CITY-ST-ZIP	ASTOR FL		2.4 CITY-ST-ZIP	Astor, Fl 32102	
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARTMAN, MARTHA		3.2 NAME		
STREET ADDRESS	537 N. UMATILLA BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, CANDY		4.2 NAME		
STREET ADDRESS	1640 JUNO TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ASTOR FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Betty J. Burns Betty J. Burns Treas. 1/29/97 904-749-2727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001790