

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90019 024 ****61.25

DOCUMENT # 769884 1. Entity Name SEVENTH JUNGLE DEN VILLAS ASSOCIATION, INC.					
Principal Place of Business 1640 JUNO TRAIL ASTOR, FL 32102-4940			Mailing Address 1640 JUNO TRAIL ASTOR, FL 32102-4940		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2401492				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, NORD L. 233 EAST RICH AVENUE DELAND, FL 32724			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD LAURANCE, J. P 1640 JUNO TRAIL ASTOR, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kyle Louin 1640 Juno Tr - 101H Astoria, FL 32102	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROOVES, JENNY 1640 JUNO TRAIL ASTOR, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, BETTY J. 1640 JUNO TR., 204F ASTOR, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POURD, JANICE 1640 JN TR 204H ASTOR, FL 32102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POUND, ROBERT 1640 JUNO TR-204H ASTOR, FL 32102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, JACK 1640 JUNE TR 1024 ASTOR, FL 32102	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I 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 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: <i>Betty J. Burns</i> Betty J. Burns 1/29/04 386-749-2727 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					