


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90023 046 ****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		4. FEI Number 59-2401492	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHNSON, NORD L. 233 EAST RICH AVENUE DELAND, FL 32724				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAIR, EDDIE		NAME		
STREET ADDRESS	1640 JUNO TR. 1044		STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVIN, KYLE		NAME		
STREET ADDRESS	1640 JUNE TR-101H		STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, BETTY J.		NAME		
STREET ADDRESS	1640 JUNO TR., 204F		STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POURD, JANICE		NAME		
STREET ADDRESS	1640 JN TR 204H		STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POUND, ROBERT		NAME		
STREET ADDRESS	1640 JUNO TR-204H		STREET ADDRESS		
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUDWIG, JACK		NAME	D Herb Hart	
STREET ADDRESS	1640 JUNE TR 1024		STREET ADDRESS	1640 Juno Tr	
CITY-ST-ZIP	ASTOR, FL 32102		CITY-ST-ZIP	Astoria, FL 32102	
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 817, 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: <u>Betty J. Burns</u> <u>Betty J. Burns</u> <u>3/16/06</u> <u>386-749-2127</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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