


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 006 \*\*\*\*61.25

<b>DOCUMENT # 769884</b> 1. Entity Name <b>SEVENTH JUNGLE DEN VILLAS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1640 JUNO TRAIL ASTOR, FL 32102-4940</b>			Mailing Address <b>1640 JUNO TRAIL ASTOR, FL 32102-4940</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2401492</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, NORD L. 233 EAST RICH AVENUE DELAND, FL 32724</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			Filing Fee is <b>\$61.25</b> <b>Due by May 1, 2008</b>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			<b>\$5.00 May Be Added to Fees</b>		
Make check payable to <b>Florida Department of State</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALT, FRANCIS 1640 JONES TR 202 ASTOR, FL 32102		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVIN, KYLE 1640 JUNE TR-101H ASTOR, FL 32102		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNS, BETTY J. 1640 JUNO TR., 204F ASTOR, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POURD, JANICE 1640 JN TR 204H ASTOR, FL 32102		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POUND, ROBERT 1640 JUNO TR-204H ASTOR, FL 32102		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, HERB 1640 JUNE TRL ASTOR, FL 32102		<input checked="" type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D/P Francis Smelt			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
D Eddie Blair 1640 Juno Tr-104H Aston, FL 32102			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
D Retha Hart 1640 Juno Trail-102H Aston, FL 32102			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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 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>				2/26/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				386-749-2727	