## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#769884**

FILED Mar 12, 2009 Secretary of State

Entity Name: SEVENTH JUNGLE DEN VILLAS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1640 JUNO TRAIL ASTOR, FL 321024940

Current Mailing Address: New Mailing Address:

1640 JUNO TRAIL ASTOR, FL 321024940

FEI Number: 59-2401492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

Name:

Address:

City-St-Zip:

Electronic olginature of Negistere

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

 Title:
 DP
 ( ) Delete

 Name:
 SMELT, FRANCIS

 Address:
 1640 JONES TR 202

 City-St-Zip:
 ASTOR, FL 32102

**OFFICERS AND DIRECTORS:** 

Title: D () Delete
Name: BLAIR, EDDIE
Address: 1640 JUNE TR-101H

Title: T () Delete
Name: BURNS, BETTY J.

ASTOR, FL 32102

Address: 1640 JUNO TR., 204F City-St-Zip: ASTOR, FL

Title: SD ( ) Delete Name: POURD, JANICE Address: 1640 JN TR 204H

City-St-Zip: ASTOR, FL 32102
Title: D ( ) Delete

Name: POUND, ROBERT
Address: 1640 JUMO TR-204H
City-St-Zip: ASTOR, FL 32102

 Title:
 D
 (X) Delete

 Name:
 HART, RETHA

 Address:
 1640 JUNO TRL 102H

 City-St-Zip:
 ASTOR, FL 32102

Title: D (X) Change ( ) Addition

SMELT, FRANCIS

ASTOR, FL 32102

1640 JUNO TR 202H

Name: BLAIR, EDDIE
Address: 1640 JUNO TR-101H
City-St-Zip: ASTOR, FL 32102

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

Name: POUND, JANICE
Address: 1640 JUNO TR 204H
City-St-Zip: ASTOR, FL 32102

Title: D (X) Change ( ) Addition

 Name:
 POUND, ROBERT

 Address:
 1640 JUNO TR-204H

 City-St-Zip:
 ASTOR, FL 32102

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY BURNS TREA 03/12/2009