

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006911

FILED
Mar 25, 2004
Secretary of State**Entity Name:** JENADA NEIGHTBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**2641 NW 9 LANE
WILTON MANORS, FL 33311**New Principal Place of Business:****Current Mailing Address:**2641 NW 9TH LANE
WILTON MANORS, FL 33311**New Mailing Address:****FEI Number:** 54-2075764**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COUGHLIN, TIMOTHY
2641 NW 9TH LANE
WILTON MANORS, FL 33311**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: SERAFINE, JOHN K
Address: 2816 NW 9TH LANE
City-St-Zip: WILTON MANORS, FL 33311

Title: S () Delete
Name: COUGHLIN, TIMOTHY
Address: 2641 NW 9 LANE
City-St-Zip: WILTON MANORS, FL 33311

Title: V, D () Delete
Name: ZOLLO, STEPHEN
Address: 2936 NW 9 TERRACE
City-St-Zip: WILTON MANORS, FL 33311

Title: D () Delete
Name: ENGELFRIED, ROLF
Address: 2841 NW 9 AVENUE
City-St-Zip: WILTON MANORS, FL 33311

Title: T, D () Delete
Name: READ, DOUGLAS
Address: 2942 NW 9 TERRACE
City-St-Zip: WILTON MANORS, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ZOLLO, STEPHEN
Address: 409 NE 26 STREET
City-St-Zip: WILTON MANORS, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V, D () Change (X) Addition
Name: MILLWOOD, TIMOTHY
Address: 2632 NW 9 LANE
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY J. COUGHLIN

S

03/25/2004

Electronic Signature of Signing Officer or Director

Date