2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006911

Entity Name: JENADA NEIGHTBORHOOD ASSOCIATION, INC.

FILED Apr 02, 2003 Secretary of State

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

2632 NW 9TH LANE 2641 NW 9 LANE

WILTON MANORS, FL 33311 WILTON MANORS, FL 33311

Current Mailing Address: New Mailing Address:

2632 NW 9TH LANE 2641 NW 9TH LANE

WILTON MANORS, FL 33311 WILTON MANORS, FL 33311

FEI Number: 54-2075764 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:

SIGLER, PAUL COUGHLIN, TIMOTHY
2632 NW 9TH LANE 2641 NW 9TH LANE
WILLTON MANORS EL 33311

WILTON MANORS, FL 33311 WILTON MANORS, FL 33311

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: TIMOTHY COUGHLIN 04/02/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\label{eq:power_power_power} \begin{tabular}{ll} Fitle: & P,D & (X) Change (\) Addition \\ \end{tabular}$

 Name:
 SIGLER, PAUL
 Name:
 SERAFINE, JOHN K

 Address:
 2632 NW 9TH LANE
 Address:
 2816 NW 9TH LANE

City-St-Zip: WILTON MANORS, FL 33311 City-St-Zip: WILTON MANORS, FL 33311

Title: S () Delete Title: S (X) Change () Addition Name: EDSON, CAROL Name: COUGHLIN, TIMOTHY

Address: 972 NW 26 CT Address: 2641 NW 9 LANE

City-St-Zip: WILTON MANORS, FL 33311 City-St-Zip: WILTON MANORS, FL 33311

 $\label{eq:title: V () Delete Title: V, D (X) Change () Addition}$

 Name:
 SERAFINE, JOHN
 Name:
 ZOLLO, STEPHEN

 Address:
 2816 NW 9TH AVE
 Address:
 2936 NW 9 TERRACE

 City-St-Zip:
 WILTON MANORS, FL
 City-St-Zip:
 WILTON MANORS, FL
 33311

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 ENGELFRIED, ROLF

 Address:
 Address:
 2841 NW 9 AVENUE

 City-St-Zip:
 City-St-Zip:
 WILTON MANORS, FL 33311

 $\label{eq:Title:Title:Title:Title:T,D} \text{Title:} \qquad \text{Title:} \qquad \text{T, D} \qquad \text{() Change (X) Addition}$

 Name:
 Name:
 READ, DOUGLAS

 Address:
 Address:
 2942 NW 9 TERRACE

 City-St-Zip:
 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: JOHN K. SERAFINE P 04/02/2003