

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002864

FILED
Mar 11, 2011
Secretary of State

Entity Name: THE FALLS OF JENSEN BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SUNTRUST BANK - MAIL CODE: FL-ORL-2075
200 SOUTH ORANGE AVENUE, 7TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

KOLTER
701 S. OLIVE AVE, SUITE 104
WEST PALM BEACH, FL 33401

Current Mailing Address:

SUNTRUST BANK - MAIL CODE: FL-ORL-2075
200 SOUTH ORANGE AVENUE, 7TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

BRISTOL MANAGEMENT
543 NW LAKE WHITNEY PLACE, SUITE 101
PORT ST. LUCIE, FL 34986

FEI Number: 51-0502786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRISTOL MANAGEMENT
543 NW LAKE WHITNEY PLACE
SUITE 101
PORT ST LUCIE, FL 34986 US

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: PD
Name: CSAPO, JOHN
Address: 701 S. OLIVE AVE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD
Name: BRUK, DOUG
Address: 701 S. OLIVE AVE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD
Name: JOHNSON, BILL
Address: 701 S. OLIVE AVE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: JAYME L. COOK

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03/11/2011

Electronic Signature of Signing Officer or Director

Date