

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003428

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: JUBILATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 20-2176281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARRELL, JOSEPH P JR.  
GULF COAST PROPERTY SERVICES, LLC  
224 7TH STREET  
PORT ST. JOE, FL 32456 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: DP ( ) Delete  
Name: NEWMAN, GEORGE S JR  
Address: P.O. BOX 501  
City-St-Zip: PORT ST. JOE, FL 32457

Title: DV ( ) Delete  
Name: DOZIER, SCOTT  
Address: 2740 ORCHARD KNOB ROAD SE  
City-St-Zip: ATLANTA, GA 30339

Title: DST ( ) Delete  
Name: DAKE, JIM  
Address: 2407 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: DAKE, JIM  
Address: 2407 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: DST (X) Change ( ) Addition  
Name: GERALD, BUDDY  
Address: PO BOX 662  
City-St-Zip: PORT SAINT JOE, FL 32457

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: GEORGE S. NEWMAN, JR.

DP

04/18/2008

Electronic Signature of Signing Officer or Director

Date