

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 031 ****61.25

DOCUMENT # N04000004513						
1. Entity Name JARDEN CONSUMER SOLUTIONS COMMUNITY FUND, INC.						
Principal Place of Business 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431			Mailing Address 2381 EXECUTIVE CENTER DRIVE BOCA RATON, FL 33431			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 54-2152547		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME HILL, ANDREW C		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE	CITY-ST-ZIP BOCA RATON, FL 33431			NAME	Lemons, Steven E.	
TITLE VP	NAME LENNONS, STEVENSE		<input type="checkbox"/> Delete	STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE	CITY-ST-ZIP BOCA RATON, FL 33431			STREET ADDRESS	_____	
TITLE S	NAME MICHELS, VICTOR J		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2381 EXECUTIVE CENTER DRIVE	CITY-ST-ZIP BOCA RATON, FL 33431			NAME	_____	
TITLE AS	NAME CAPPS, JOAN		<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2381 EXE. CTR DR	CITY-ST-ZIP BOCA RATON, FL 33431			STREET ADDRESS	_____	
TITLE T	NAME ASHKEN, IAN G. H		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 555 THEODORE FREMD AVE	CITY-ST-ZIP RYE, NY 10580			NAME	_____	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	NAME			STREET ADDRESS	_____	
CITY-ST-ZIP	NAME			CITY-ST-ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>VICTOR J. MICHELS</u>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						