

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007292

FILED
May 16, 2006
Secretary of State

Entity Name: JONES MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1895 N TAMIAMI TRAIL D07
N FT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1895 N TAMIAMI TRAIL D07
N FT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-0821226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAINES, PAT
1895 N TAMIAMI TRAIL D07
N FT MYERS, FL 33903 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: P () Delete
Name: CYR, PAULETTE
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

Title: V () Delete
Name: DINUNZIO, DONNA
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

Title: ST () Delete
Name: HAINES, PAT
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: CADWELL, MARK
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: CHAREST, RALPH
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

Title: D () Delete
Name: GESSER, HELEN
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: WEBSTER, JEANNE
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

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

Title: D (X) Change () Addition
Name: GAITHER, WOODY
Address: 1895 N TAMIAMI TRAIL D07
City-St-Zip: N FT MYERS, FL 33903

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAT HAINES

ST

05/16/2006

Electronic Signature of Signing Officer or Director

Date