


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90038 012 \*\*\*\*61.25

<b>DOCUMENT # N06000006461</b>					
<b>1. Entity Name</b> JACOB'S ACRES PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 880 N BROAD STREET BROOKSVILLE, FL 34601			<b>Mailing Address</b> 880 N BROAD STREET BROOKSVILLE, FL 34601		
<b>2. Principal Place of Business - No P.O. Box #</b> Jacob Acres Way		<b>3. Mailing Address</b> P.O. Box 627			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 20-5075567	
<b>Zip</b> 34601		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GAVISH, JACOB 880 N BROAD STREET BROOKSVILLE, FL 34601		<b>7. Name and Address of New Registered Agent</b> Name: Campbell, Virgilio LC Street Address (P.O. Box Number is Not Acceptable): 7211 Hiawatha Hwy City: Spring Hill FL Zip Code: 34606			
<b>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.</b>					
SIGNATURE: _____ DATE: 4/1/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D	<b>NAME</b> GAVISH, JACOB		<b>TITLE</b> 	<b>NAME</b> P.O. Box 627	
<b>STREET ADDRESS</b> 880 N BROAD STREET	<b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Brooksv. Fl 34605	
<b>TITLE</b> D	<b>NAME</b> MILLER, VALERIE E		<b>TITLE</b> 	<b>NAME</b> Jenna GAVISH	
<b>STREET ADDRESS</b> 880 N BROAD STREET	<b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> P.O. Box 627 Brooksv. Fl 34605	
<b>TITLE</b> D	<b>NAME</b> VAN SICKLE, KAREN		<b>TITLE</b> 	<b>NAME</b> P.O. Box 31130	
<b>STREET ADDRESS</b> 880 N BROAD STREET	<b>CITY-ST-ZIP</b> BROOKSVILLE, FL 34601		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Cortez Blvd Brooksv. Fl 34602	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> _____ Date: 4/1/08					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					