

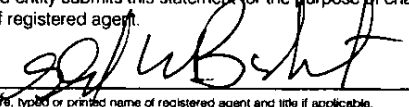
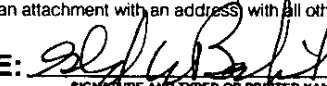


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90051 036 ****61.25

DOCUMENT # N06000011126 1. Entity Name JENSEN BEACH CLUB PHASE II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6301 S.E. FEDERAL HIGHWAY STUART, FL 34997			Mailing Address 6301 S.E. FEDERAL HIGHWAY STUART, FL 34997		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		03282008 Chg-NP CR2E037 (12/06)	
4. FEI Number 01-0881503				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMAN, KENNETH A 2400 SE FEDERAL HIGHWAY FOURTH FLOOR STUART, FL 34994			7. Name and Address of New Registered Agent Name GERALD W. BASHANT, SR. Street Address (P.O. Box Number is Not Acceptable) 6301 SE FEDERAL HWY City STUART FL Zip Code 34997		
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.</small>				DATE 4-4-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST- ZIP	DP DOUGHERTY, JEFFREY P P.O. BOX 2970 STUART, FL 34995	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	P.D GERALD W. BASHANT SR 6301 SE FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DVPS KNOTT, PAMELA P.O. BOX 2970 STUART, FL 34995	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP;D RICHARD RIDGWAY 6301 SE FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D TAYLOR, III, MORGAN P.O. BOX 2970 STUART, FL 34995	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	D PAMELA KNOTT 6301 SE FEDERAL HWY STUART, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-4-08 <small>Daytime Phone #</small>	