

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N09726

1. Entity Name
JENSEN PARK VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**JENSEN PARK VILLAS
1188 NE COY SENDA
JENSEN BEACH, FL 34957 US**

Mailing Address
**JENSEN PARK VILLAS
1188 NE COY SENDA
JENSEN BEACH, FL 34957 US**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2365678

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STONE, JUNE W
1174 NE COY SENDA
JENSEN BEACH, FL 34957**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000578984
01/09/07-80051-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
POTVIN, LISA
1182 NE COY SENDA #1A
JENSEN BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
POTVIN, RICHARD
1188 NE COY SENDA #1B
JENSEN BEACH, FL 34952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STONE, JUNE
1174 COY SENDA #2D
JENSEN BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #