

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**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**



01052008 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**

**DO NOT WRITE  
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)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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
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01/10/08-80005-010 61.25

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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 #