

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27114 (0)
1. Corporation Name
JACKSON SQUARE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
4484 CHALMETTE CT 4484 CHALMETTE CT
PT ORANGE FL 32127 PT ORANGE FL 32127

3. Date Incorporated or Qualified 06/23/1988 3a. Date of Last Report 04/28/1995

2. Principal Place of Business 2a. Mailing Address
21 Carol Monnig 26 4490 Chalmette Ct.
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2651989 Applied For Not Applicable

22 City & State 27 City & State
23 Port Orange FL 28 Port Orange, FL

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

24 Zip 25 Country 29 32127 30 USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUDETTE, FRANK
4468 CHALMETTE CT
PT ORANGE FL 32127

81 Name Carol Monnig
82 Street Address (P.O. Box Number is Not Acceptable) 4490 Chalmette Ct.
83 Carol Monnig
84 City Port Orange FL 85 Zip Code 32127

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Carol Monnig

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
D	SELTZER, PAUL	4478 CHALMETTE COURT	PT. ORANGE FL	<input checked="" type="checkbox"/>
D	AUDETTE, FRANK W	4468 CHALMETTE COURT	PT. ORANGE FL	<input checked="" type="checkbox"/>
D	KILLINGER, AMY	4475 CHALMETTE COURT	PORT ORANGE FL	<input checked="" type="checkbox"/>
T	AUDETTE, LINDA	4468 CHALMETTE COURT	PORT ORANGE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	Change	Addition
D	MONNIG, JON	4490 CHALMETTE CT	PT. ORANGE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	ERIK ANDRESEN	4480 CHALMETTE CT.	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	MONNIG, CAROL	4490 CHALMETTE CT.	PORT ORANGE, FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Chavez, Patricia	4480 Chalmette Ct.	Port Orange, FL 32127	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Carol Monnig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96

Date

Daytime Phone

CR2E037 (12/95)