


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N40908


1. Entity Name
JENSEN STATION SHOPS OWNER'S ASSOCIATION, INC.



Principal Place of Business
3190 NE MAPLE AVE
JENSEN BEACH, FL 34957 US

Mailing Address
3190 NE MAPLE AVE
JENSON BEACH, FL 34957 US

DO NOT WRITE IN THIS SPACE



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0677097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WACHA JR., FRANK
1901 NE JENSEN BCH BLVD
JENSEN BEACH, FL 34957

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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 _____ DATE _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000876624
 04/11/08-80077-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NACHA, JANICE 200 BAKER ROAD JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GERLEY, VICTOR J. 3190 N.W. MAPLE AVENUE JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERRIN, MIKE 3177 NE MAPLE AVE JENSEN BEACH, FL 34957
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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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:  **V.J. GERLEY** **3-27-08** **772-334-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #