## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

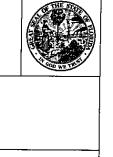
## DOCUMENT # N40908

1. Entity Name

## JENSEN STATION SHOPS OWNER'S ASSOCIATION, INC.

## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90213 013 \*\*\*\*61.25



"Principal Place of Business 3190 NE MAPLE AVE JENSEN BEACH FL 34957 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 3190 NE MAPLE AVE JENSON BEACH FL 34957 US  3. Mailing Address  Suite, Apt. #, etc.  City & State			CHECK HERE IF MAKING CHANGES  4. FEI Number 65-0677097  Applied For					
Zip	Country	Zip		intry		00			Not Applicable  3.75 Additional	
	6. Name and Address of Current	Registered Apont	L.,	· · · · · · · · · · · · · · · · · · ·			Fe	e Requir		
1901 NE	JR., Frank Jensen BCH BLVD Beach Fl 34957			Name	S (PO. Box Number is Not Acceptable)  Zip Code					
0 The	e named entity submits this statement for			•	<del></del>		FL			
SIGNATURE .	Signature, typed or printed name of registered agent	9. Election Cam Trust Fund C	npaign Fi	nancing	\$5.00 May Be Added to Fees		DATE Check F Departm			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS	AND DIREC	CTORS IN		
ITLE IAME STREET ADDRESS SITY-ST-ZIP	STD PERRIN, NITA 3224 NE MAPLE AVE JENSEN BEACH FL 34957	☐ Delete						] Change	Addition	
TITLE NAME Street address City-St-Zip	PD GERLEY, VICTOR J. 3190 N.W. MAPLE AVENUE JENSEN BEACH FL 34957	☐ Delete		T ADDRESS ST-ZIP				] Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	VPD PERRIN, MIKE 3177 NE MAPLE AVE JENSEN BEACH FL 34957	□ Delete	TITLE NAME STREE CITY-S	T ADDRESS				] Change	☐ Addition	
TLE AME Treet address ITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		***************************************		] Change	☐ Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS ST-ZIP				] Change	☐ Addition	
TLE AME TREET ADDRESS TY-ST-ZIP 2. Libereby ce	ertify that the information supplied with	Delete	CITY-S	1				Change	☐ Addition	

indicated on this report or supplemental report is firmed 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:

DESCIRED L havet SIGNATURE

9-21-03 772 374-2600