

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 032 ****61.25

DOCUMENT # N49077

1. Entity Name

JENNINGS COVE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

1702 COCONUT DR 1702 COCONUT DR
 FORT PIERCE FL 34949 FORT PIERCE FL 34949
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0500574 Not Applicable

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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

PRESENDO, DAWNE
 1702 COCONUT DR
 FORT PIERCE FL 34949

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESENDO, JOE	NAME	MARY ANN PASCARELLA
STREET ADDRESS	1702 COCONUT DR	STREET ADDRESS	10865 S.W. ELSINORE
CITY-ST-ZIP	FORT PIERCE FL 34949	CITY-ST-ZIP	PORT ST LUCIE FL 34987
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICCHARINI, JOHN	NAME	JOEL ZWEMER
STREET ADDRESS	701 N INDIAN RIVER DR	STREET ADDRESS	224 NE BLAIRWOOD TR
CITY-ST-ZIP	FORT PIERCE FL 34950	CITY-ST-ZIP	JENSEN BEACH FL 34951
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESENDO, DAWNE	NAME	
STREET ADDRESS	1702 COCONUT DR	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, PEGGY	NAME	
STREET ADDRESS	1704 COCONUT DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CAROLE	NAME	
STREET ADDRESS	1700 COCONUT DR.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Dawne E. Pressendo* Date: *1-31-05* Daytime Phone #: *772 460-0125*

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