

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49077

FILED  
Jul 17, 2007  
Secretary of State

Entity Name: JENNINGS COVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1702 COCONUT DR  
FORT PIERCE, FL 34949 US

**New Principal Place of Business:**

**Current Mailing Address:**

1702 COCONUT DR  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

FEI Number: 65-0500574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRESSENDO, DAWNE  
1702 COCONUT DR  
FORT PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PASCARELLA, MARY ANN  
Address: 1720 COCONUT DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: PICCHARINI, JOHN  
Address: 1707 COCONUT DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: STD ( ) Delete  
Name: PRESSENDO, DAWNE  
Address: 1702 COCONUT DR  
City-St-Zip: FORT PIERCE, FL 34949

Title: P ( ) Delete  
Name: NORTON, PEGGY  
Address: 1704 COCONUT DR.  
City-St-Zip: FORT PIERCE, FL 34949

Title: P ( ) Delete  
Name: HUMPHRIES, JACKIE  
Address: 1718 COCONUT DR  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: PERRY, CAROLE  
Address: 1700 COCONUT DR  
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWNE PRESSENDO

SD

07/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date