

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90017 033 ****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



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1700 COCONUT DR 1700 COCONUT DR

Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **FORT PIERCE, FL FORT PIERCE, FL**

Zip Country Zip Country
34949 USA 34949 USA

4. FEI Number **65-0500574** Applied For
Not Applicable

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

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 **CAROLE PERRY**
Street Address (P.O. Box Number is Not Acceptable)
1700 COCONUT DR.
City **FORT PIERCE FL** Zip Code **34949**

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 *Carole Perry, Secretary/Treasurer* **2-22-08**
CAROLE PERRY (NOTE: Registered agent signature required when reappointing) DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCARELLA, MARY ANN 1720 COCONUT DR FORT PIERCE FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCHARINI, JOHN 1707 COCONUT DR FORT PIERCE FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRESENDO, DAWNE 1702 COCONUT DR FORT PIERCE FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, PEGGY 1704 COCONUT DR. FORT PIERCE FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERRY, CAROLE 1700 COCONUT DR FORT PIERCE FL 34949 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWNE PRESENDO 1702 COCONUT DR. FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER CAROLE PERRY 1700 COCONUT DR. FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carole Perry - CAROLE PERRY* **2-22-08**