

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004698

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** JENADA ISLE HOMEOWNERS ASSOC., INC.

**Current Principal Place of Business:**

1116 NW 29 CT  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

1720 HARRISON STREET #18A  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-0614268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUKASIEVICH, MIKE  
1720 HARRISON STREET STE 18A  
HOLLYWOOD, FL 33020 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: P ( ) Delete  
Name: LUKASIEVICH, MICHAEL  
Address: 1116 NW 29 CT  
City-St-Zip: WILTON MANORS, FL 33311

Title: VPD ( ) Delete  
Name: PARR, TIM  
Address: 1116 NW 29 CT  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: CLANTON, BRENDA  
Address: 1116 NW 29 CT  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TD ( ) Delete  
Name: JONES, MARK  
Address: 1116 NW 29 CT  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA J. CLANTON

SD

01/10/2006

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

\_\_\_\_\_  
Date