

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000004698				FILED 08 NOV 10 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name JENADA ISLE HOMEOWNERS ASSOC., INC.		Principal Place of Business 1116 NW 29 CT WILTON MANORS, FL 33311			
Mailing Address 1720 HARRISON STREET #18A HOLLYWOOD, FL 33020		2. Principal Place of Business - No P.O. Box # 524 NE 21 Court			
3. Mailing Address 524 NE 21 Court		4. FEI Number 65-0614268			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Wilton Manors FL		City & State Wilton Manors FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33305		Country USA		6. Name and Address of Current Registered Agent LUKASIEVICH, MIKE 1720 HARRISON STREET STE 18A HOLLYWOOD, FL 33020	
7. Name and Address of New Registered Agent Name MARY GAYLE ULM Street Address (P.O. Box Number is Not Acceptable) 524 NE 21 Court City Wilton Manors FL Zip Code 33305		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 <i>Mary Gayle Ulm</i> MARY GAYLE ULM <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State			
Amended AR is \$61.25		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUKASIEVICH, MICHAEL <input checked="" type="checkbox"/> Delete 1116 NW 29 CT WILTON MANORS, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARR, TIM <input checked="" type="checkbox"/> Delete 1116 NW 29 CT FORT LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLANTON, BRENDA <input checked="" type="checkbox"/> Delete 1116 NW 29 CT FORT LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, MARK <input checked="" type="checkbox"/> Delete 1116 NW 29 CT FORT LAUDERDALE, FL 33311				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	P MARY GAYLE ULM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 524 NE 21 COURT WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHARLES DICKEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 524 NE 21 COURT WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Judy mufale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 524 NE 21 COURT WILTON MANORS, FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARK JONES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 524 NE 21 Court WILTON MANORS FL 33305				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100137794741 11/10/08--01066--021 **\$61.25				
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 Chapter 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: <i>Mary Gayle Ulm President</i> MARY GAYLE ULM 10-27-08 954-565-1412 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					