

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004698

FILED
Apr 20, 2009
Secretary of State

Entity Name: JENADA ISLE HOMEOWNERS ASSOC., INC.

Current Principal Place of Business:

524 NE 21 COURT
WILTON MANORS, FL 33305

New Principal Place of Business:

Current Mailing Address:

524 NE 21 COURT
WILTON MANORS, FL 33305

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:

ULM, MARY G
524 NE 21 COURT
WILTON MANORS, FL 33305 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: ULM, MARY G
Address: 524 NE 21 COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: VD () Delete
Name: DICKEY, CHARLES
Address: 524 NE 21 COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: SD () Delete
Name: MUFALE, JUDY
Address: 524 NE 21 COURT
City-St-Zip: WILTON MANORS, FL 33305

Title: TD () Delete
Name: JONES, MARK
Address: 524 NE 21 COURT
City-St-Zip: WILTON MANORS, FL 33305

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 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: JUDY MUFALE

SD

04/20/2009

Electronic Signature of Signing Officer or Director

Date