

# 2007 NOT-FOR-PROFIT CORPORATION - ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90090 044 \*\*\*\*61.25

<b>DOCUMENT # N96000005121</b>					
<b>1. Entity Name</b> JADE EAST HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2884 S. OSCEOLA AVE ORLANDO, FL 32806			<b>Mailing Address</b> 2884 S. OSCEOLA AVE ORLANDO, FL 32806		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3432113	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WORLD OF HOMES 2884 S. OSCEOLA AVE. ORLANDO, FL 32806			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> FISHER, SANDY 1170 JADE EAST LANE KISSIMMEE, FL 34744			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> QUINN, DANNY 4820 EAST LAKE RESERVE ST CLOUD, FL 34771			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> QUINN, CONNIE 4820 EAST LAKE RESERVE SAINT CLOUD, FL 34771			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> NORMAN, DAVID 2097 WILD OAK CT. KISSIMMEE, FL 34746			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> REITZ, BARBARA 1170 JADE EAST LANE KISSIMMEE, FL 34744			<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small>				Date <u>7/21/07</u> Daytime Phone # <u>407-957-5022</u>	

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