FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90177 001 ****61.25

5/5/

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004948

1. Entity Name
JUNGLE PLUM EAST OF FOREST GLEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907	TROPICAL ISLES/MGMT SERVICES, INC 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-1079020 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE SUITE 49
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALBRIDGE, JOHN 3760 JUNGLE PLUM DR. EAST NAPLES, FL 34114	☑ Delete	TITLE PD P NAME STREET ADDRESS CITY-ST-ZIP	Terrence Kehoe 3836 Jungle Plum Dr. E. Naples, FL 34114	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LARSEN, JEFF 3847 JUNGLE PLUM DRIVE EAST NAPLES, FL 34114	☑ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Carole Bek 3859 Jungle Plum Dr. E. Naples, FL 34114	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, DON 3821 JUNGLE PLUM DR. EAST NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Don Roedding — 2/12/06 — (239) 939-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #