

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004948

FILED  
Mar 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

TROPICAL ISLES/MGMT SERVICES, INC  
12734 KENWOOD LN., STE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-1079020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TROPICAL ISLES MANAGEMENT SERVICES  
12734 KENWOOD LANE SUITE 49  
FORT MYERS, FL 33907 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: PD ( ) Delete  
Name: KEHOE, TERRENCE  
Address: 3836 JUNGLE PLUM DR EAST  
City-St-Zip: NAPLES, FL 34114

Title: ST ( ) Delete  
Name: CASE, DON  
Address: 3821 JUNGLE PLUM DR. EAST  
City-St-Zip: NAPLES, FL 34114

Title: VP ( ) Delete  
Name: HUFFACKER, WILLIAM  
Address: 3792 JUNGLE PLUM DR. E.  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LUXION, PAUL  
Address: 3752 JUNGLE PLUM DRIVE EAST  
City-St-Zip: NAPLES, FL 34114

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: JEANNIE NESPOLI

CAM

03/03/2009

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

\_\_\_\_\_  
Date