

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90191 010 ***150.00

24068092



04272004 Chg-P CR2E034 (10/03)

4. FFI Number **20-0438145** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRESE, GARY B
930 S HARBOR CITY BL STE 505
MWLBORNE, FL 32901

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KUSH, ROBERT M	
STREET ADDRESS	6767 N WICKHAM RD STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGO, PATRICK	
STREET ADDRESS	6767 N WICKHAM RD STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, SCOTT	
STREET ADDRESS	6767 N WICKHAM RD STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUESCHER, KEITH	
STREET ADDRESS	6767 N WICKHAM RD STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, KENNETH R	
STREET ADDRESS	6767 N WICKHAM RD STE 500	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sigmund James L	
STREET ADDRESS	6767 N Wickham Rd	
CITY-ST-ZIP	Melbourne FL 32940	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *[Signature]* 4.29.04 321.259.6972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
241068092
#P03000120889

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Jensen Dunes Community Developers, Inc.

Continuation of #11

Addition:

S
Prince, Frank
6767 N. Wickham Road, Suite 500
Melbourne, FL 32940