

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000112112

1. Entity Name
JENA JUBILEE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**PO BOX 934
STEINHATCHEE, FL 32359**

Mailing Address
**PO BOX 934
STEINHATCHEE, FL 32359**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1344392

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WICKER, LINDA
112-1ST AVE SE
STEINHATCHEE, FL 32359**

**DO NOT WRITE
IN THIS SPACE**

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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FANN, WAYNE
509 N PATTERSON STREET
VALDOSTA, GA 31601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WICKER, LINDA
112-1ST AVE SE
STEINHATCHEE, FL 32359**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANNISTER, RANDEL JR
LAKESHORE DR
MOULTRIE, GA 31768**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GARCIA, RICHARD
2616 LOWER MERGS RD
MOULTRIE, GA 31768**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DARR, RICHARD
3735 SW 2ND PL
GAINESVILLE, FL 32607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEE, DON
215 SE FIRST AVE
STEINHATCHEE, FL 32359**

U000000587876
01/17/07-80050-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07 352
498-8002