

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112112

FILED
May 11, 2009
Secretary of State

Entity Name: JENA JUBILEE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 934
STEINHATCHEE, FL 32359

New Principal Place of Business:

112 1ST AVENUE SW
STEINHATCHEE, FL 32359

Current Mailing Address:

PO BOX 934
STEINHATCHEE, FL 32359

New Mailing Address:

FEI Number: 20-1344392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WICKER, LINDA S
112-1ST AVE SW
STEINHATCHEE, FL 32359 US

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: LINDA WICKER

05/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FANN, WAYNE
Address: 509 N PATTERSON STREET
City-St-Zip: VALDOSTA, GA 31601

Title: S () Delete
Name: WICKER, LINDA
Address: 112-1ST AVE SE
City-St-Zip: STEINHATCHEE, FL 32359

Title: D () Delete
Name: BANNISTER, RANDEL JR
Address: LAKESHORE DR
City-St-Zip: MOULTRIE, GA 31768

Title: D () Delete
Name: GARCIA, RICHARD
Address: 2616 LOWER MERGS RD
City-St-Zip: MOULTRIE, GA 31768

Title: D () Delete
Name: DARR, RICHARD
Address: 3735 SW 2ND PL
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: WICKER, LINDA
Address: 112-1ST AVE SW
City-St-Zip: STEINHATCHEE, FL 32359

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

Title: D (X) Change () Addition
Name: GARCIA, RICHARD
Address: 2616 LOWER MEIGS RD
City-St-Zip: MOULTRIE, GA 31768

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA WICKER

S

05/11/2009

Electronic Signature of Signing Officer or Director

Date