

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008688

Entity Name: DOWNTOWN JEWEL NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**432 SOUTH J STREET
LAKE WORTH, FL 33460**Current Mailing Address:**432 SOUTH J STREET
LAKE WORTH, FL 33460**FEI Number:** 01-0970699**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WESTON, CASSANDRA
432 S J STREET
LAKE WORTH, FL 33460 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	WESTON, CASSANDRA
Address	432 SOUTH J STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	SECRETARY
Name	VANNIER, GREG
Address	120 SOUTH J STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	DIRECTOR
Name	AUBEL, BARBARA
Address	422 SOUTH J STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	DIRECTOR
Name	LIN, ALAN
Address	118 SOUTH M STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	VP
Name	BETTY, RESCH
Address	207 SOUTH L STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	PRESIDENT
Name	FAUST, JON
Address	410 SOUTH M STREET
City-State-Zip:	LAKE WORTH FL 33460

Title	DIRECTOR
Name	OWENS, SUZETTE
Address	413 S L STREET
City-State-Zip:	LAKE WORTH FL 33460

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA C WESTON**TREASURER****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date