

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43309

Entity Name: JUNGLE TERRACE CIVIC ASSOCIATION, INC.**Current Principal Place of Business:**8045 - 28TH AVE. NORTH
SAINT PETERSBURG, FL 33710**Current Mailing Address:**8045 - 28TH AVE. NORTH
SAINT PETERSBURG, FL 33710**FEI Number:** 59-3067686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVERSTEIN, JILL MTREAS
8045 - 28TH AVE. NORTH
SAINT PETERSBURG, FL 33710 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	P/D
Name	CARLSON, ED PRES
Address	7691 - 30TH AVE. N.
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	DIRECTOR
Name	MEREDITH, RICHARD
Address	7749 - 30TH AVE. N.
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	T/D
Name	SILVERSTEIN, JILL
Address	8045- 28TH AVE. N.
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	D
Name	MARTENS, ROLAND DIR
Address	8251 33RD AVENUE NORTH
City-State-Zip:	ST. PETERSBURG FL 33710

Title	VP, DIRECTOR
Name	SWEENEY, JOHN
Address	8252 26TH AVE. N.
City-State-Zip:	SAINT PETERSBURG FL 33710

Title	SECRETARY
Name	SANDERS, LAUREN
Address	7801 34TH AVE NO UNIT 2
City-State-Zip:	ST. PETERSBURG FL 33710

Title	DIRECTOR
Name	MARKEWYCZ, YARO
Address	2500 80TH. ST. N
City-State-Zip:	ST. PETERSBURG FL 33710

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: DR. ED CARLSON**PRESIDENT****02/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date