


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**DOCUMENT # 771173**  
 1. Entity Name  
**JAPONICA FOREST HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1902 TY TY COURT**      **1902 TY TY COURT**  
**TALLAHASSEE, FL 32308 US**      **TALLAHASSEE, FL 32308 US**

**DO NOT WRITE IN THIS SPACE**

**FILED**  
 05 FEB -1 PM 12:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01202005 No Chg-NP      CR2E037 (10/03)

4. FEI Number <b>59-2675329</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUSH, MACK**  
**1902 TY TY COURT**  
**TALLAHASSEE, FL 32308**

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE <b>VPD</b>	<b>HANDLEY, JACK</b> 1907 TYTY COURT TALLAHASSEE, FL 32308
TITLE <b>STD</b>	<b>RUSH, MACK</b> 1902 TY TY CT TALLAHASSEE, FL 32308
TITLE <b>PD</b>	<b>CARRASQUILLA, HOPE</b> 1901 TY TY COURT TALLAHASSEE, FL 32308
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>

**900046654949**  
 02/15/05--01052--008 \*\*61.25

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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 617, 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:** \_\_\_\_\_      **2/1/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #