


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000006822**  
1. Entity Name  
8190 JOG ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7806 CHARNEY LN BOCA RATON, FL 33496	Mailing Address 7806 CHARNEY LN BOCA RATON, FL 33496
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**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
20-1384586 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
SUSI, SAMUEL  
7806 CHARNEY LN  
BOCA RATON, FL 33496

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP SUSI, SAMUEL 7806 CHARNEY LN BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZANK, ELLIOT 4783 N CONGRESS AVE BOYNTON BCH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SUSI, MARILEE 7806 CHARNEY LN BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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0110001390437  
01/23/06-80028-007 61.25

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 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: *Susi Samuel, President* 1/13/06 561-483-2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #