


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006822

1. Entity Name
 8190 JOG ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 C/O SUSI ENTERPRISES, INC.
 7806 CHARNEY LANE
 BOCA RATON, FL 33496

Mailing Address
 C/O SUSI ENTERPRISES, INC.
 7806 CHARNEY LN
 BOCA RATON, FL 33496

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01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1384586	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAPIRO, CRAIG 8190 JOG ROAD STE 230 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEIFER, ROBERT 8190 JOG ROAD STE 220 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HESCHELES, CRAIG 8190 JOG ROAD STE 210 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANON, REX 8190 JOG ROAD STE 250 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLING, STEVEN 8190 JOG ROAD STE 200 BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000300348
 01/31/08-80013-023 61.25

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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:  **1/23/08** 904-483-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #