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APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003752 (2)**
1. Corporation Name
SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

1608 SAN JOSE FOREST COURT ST. AUGUSTINE FL 32084

1608 SAN JOSE FOREST COURT ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified **07/29/1994** 3a. Date of Last Report **N/A**

4. FEI Number **59 3266371** Applied For Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

GRAY, DAVID C
1608 SAN JOSE FOREST COURT
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL 32084**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE David C. Gray, President David C. Gray 1/30/95

Signature of officer or director of the corporation and the registered agent (NOTE: Registered Agent Signatures are required when registered) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRAY, DAVID C
STREET ADDRESS	1608 SAN JOSE FOREST COURT
CITY - ST - ZIP	ST. AUGUSTINE FL 32084 32084
TITLE	VD
NAME	BEDMAN, JAMES
STREET ADDRESS	1395 SAN CARLOS STREET
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	STD
NAME	RAUCH, LARRY
STREET ADDRESS	1594 SANTA MARIA COURT
CITY - ST - ZIP	ST. AUGUSTINE FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP	32084	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	REEDMAN, JAMES REEVE, H. A.	
23 STREET ADDRESS	1598 SAN CARLOS	
24 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WAGNER, SYLVIA	
33 STREET ADDRESS	1590 SAN LUCIE COURT	
34 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HORN, ROBERTA	
43 STREET ADDRESS	1591 SAN LUCIE COURT	
44 CITY - ST - ZIP	ST. AUGUSTINE, FL 32084	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David C. Gray David C. Gray 1/30/95 (904) 461-4461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type in Parentheses)