

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003752 (2)**

1. Corporation Name

SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.



Principal Place of Business: **1608 SAN JOSE FOREST COURT ST. AUGUSTINE FL 32084 US**
Mailing Address: **1608 SAN JOSE FOREST COURT ST. AUGUSTINE FL 32084 US**

3. Date Incorporated or Qualified: **07/29/1994** 3a. Date of Last Report: **04/11/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1590 San Lucie Court** Suite, Apt. #, etc.:
22 St. Augustine, Florida City & State:
23 32084 City & State:
Zip: **24 32084** Country: **25 USA**
2a. Mailing Address: **26 1590 San Lucie Court** Suite, Apt. #, etc.:
27 St. Augustine, Florida City & State:
28 32084 City & State:
Zip: **29 32084** Country: **30 USA**

9. Name and Address of Current Registered Agent
GRAY, DAVID C
1608 SAN JOSE FOREST COURT
ST. AUGUSTINE FL 32257

10. Name and Address of New Registered Agent
81 Name: **Sylvia Wagner**
82 Street Address (P.O. Box Number, is Not Acceptable): **1590 San Lucie Court**
83 City: **St. Augustine, Florida**
84 City: **FL** 85 Zip Code: **32084**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **Sylvia Wagner** (Signature, typed or printed name of registered agent and title if applicable) *Sylvia Wagner* (NOTE: Registered Agent signature required when reinstating) **4/5/96** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, DAVID C	
STREET ADDRESS	1608 SAN JOSE FOREST COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REEVE, H. A.	
STREET ADDRESS	1598 SAN CARLOS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, SYLVIA	
STREET ADDRESS	1590 SAN LUCIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HORN, ROBERTA	
STREET ADDRESS	1591 SAN LUCIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wagner, Sylvia	
1.3 STREET ADDRESS	1590 San Lucie Court	
1.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Greer, Rhodes	
2.3 STREET ADDRESS	1604 Santa Marie Court	
2.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bottoms, Maxine J.	
3.3 STREET ADDRESS	1129 San Jose Forest Drive	
3.4 CITY-ST-ZIP	St. Augustine, Fl 32084	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gilbride, Mary	
4.3 STREET ADDRESS	1595 San Lucie Court	
4.4 CITY-ST-ZIP	St. Augustine, Florida 32084	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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: *Mary L. Gilbride* **MARY L. GILBRIDE, TD** **4-5-96** **(904)471-7144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)