

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION 'ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003752 (2)
 1. Corporation Name
 SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.



Principal Place of Business 1590 SAN LUCIE COURT ST. AUGUSTINE FL 32084 US	Mailing Address 1590 SAN LUCIE COURT ST. AUGUSTINE FL 32084 US
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3. Date Incorporated or Qualified
07/29/1994

4. FEI Number
59-3266371

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

WAGNER, SYLVIA
1590 SAN LUCIE COURT
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81. Name E. GHUNEIM
 82. Street Address (P.O. Box Number is Not Acceptable)
H
 83. 1170 SAN JOSE FOREST DR
 84. City ST. AUGUSTINE 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 E. GHUNEIM TREASURER E. Ghuneim 3/16/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, SYLVIA	
STREET ADDRESS	1590 SAN LUCIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREER, RHODES	
STREET ADDRESS	1604 SANTA MARIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOTTOMS, MAXINE J.	
STREET ADDRESS	1129 SAN JOSE FOREST DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GILBRIDE, MARY	
STREET ADDRESS	1595 SAN LUCIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL	
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	MIKE HACKNEY	
1.3 STREET ADDRESS	1194 SAN JOSE FOREST DR	
1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ELIAS GHUNEIM	
4.3 STREET ADDRESS	1170 SAN JOSE FOREST DR.	
4.4 CITY-ST-ZIP	ST AUGUSTINE FL 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 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 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: E. Ghuneim 2/27/98

CP2E037 (10/97)