

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 14, 2004  
Secretary of State**

DOCUMENT# N94000003752

Entity Name: SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.

**Current Principal Place of Business:**

1599 SAN LUCIE CTQ  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

1605 SANTA MARIE COURT  
ST AUGUSTINE, FL 32080 US

**Current Mailing Address:**

1599 SAN LUCIE CTQ  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

1605 SANTA MARIE COURT  
ST AUGUSTINE, FL 32080 US

FEI Number: 59-3266371      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSAAEN, CHRISTINE  
1605 SANTA MARIE CT  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LASAVAGE, PETER  
Address: 1163 SAN JOSE FOREST DR  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VD ( ) Delete  
Name: GORICKI, PAUL  
Address: 1608 SANTA MARIE CT  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: VOLZ, JEAN  
Address: 1599 SAN LUCIE COURT  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: TD ( ) Delete  
Name: FOSAAEN, CHRISTINE  
Address: 1605 SANTA MARIE CT  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FOSAAEN, JEROME  
Address: 1605 SANTA MARIE COURT  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VD (X) Change ( ) Addition  
Name: BODMAN, JIM  
Address: 1595 SAN CARLOS STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE FOSAAEN

TD

05/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date