

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2005
Secretary of State**

DOCUMENT# N94000003752

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

Current Principal Place of Business:

1605 SANTA MARIE COURT
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

1605 SANTA MARIE COURT
ST AUGUSTINE, FL 32080 US

New Mailing Address:

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: FOSAAEN, JEROME
Address: 1605 SANTA MARIE COURT
City-St-Zip: ST AUGUSTINE, FL 32080

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

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

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

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

04/30/2005

Electronic Signature of Signing Officer or Director

Date