


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90152 013 ****61.25

50012288



DOCUMENT # N94000003752					
1. Entity Name SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.					
Principal Place of Business 1605 SANTA MARIE COURT ST AUGUSTINE, FL 32080 US			Mailing Address 1605 SANTA MARIE COURT ST AUGUSTINE, FL 32080 US		
2. Principal Place of Business <i>1608 SAN JOSE FOREST CT.</i>			3. Mailing Address <i>1608 SAN JOSE FOREST CT.</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>ST. AUGUSTINE FL</i>		City & State <i>ST. AUGUSTINE FL</i>		4. FEI Number 59-3266371	
Zip <i>32080</i>		Country <i>ST. JOHNS</i>		Applied For Not Applicable	
Zip <i>32080</i>		Country <i>ST. JOHNS</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent FOSAAEN, CHRISTINE 1605 SANTA MARIE CT SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name <i>PATRICIA D. GRAY</i> Street Address (P.O. Box Number is Not Acceptable) <i>1608 SAN JOSE FOREST CT.</i> City <i>ST AUGUSTINE</i> FL Zip Code <i>32080</i>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Patricia D. Gray</i>			DATE <i>4-12-06</i>		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSAAEN, JEROME		NAME		
STREET ADDRESS	1605 SANTA MARIE COURT		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODMAN, JIM		NAME		
STREET ADDRESS	1595 SAN CARLOS STREET		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLZ, JEAN		NAME		
STREET ADDRESS	1599 SAN LUCIE COURT		STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<i>TD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSAAEN, CHRISTINE		NAME	<i>GRAY, PATRICIA D.</i>	
STREET ADDRESS	1605 SANTA MARIE CT		STREET ADDRESS	<i>1608 SAN JOSE FOREST CT.</i>	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP	<i>ST AUGUSTINE FL 32080</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia D. Gray</i>			DATE: <i>4-12-06</i> DAYTIME PHONE #: <i>904-461-4461</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		