

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730155 (9)**

1. Corporation Name  
**JOURNEY'S END HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 8380 CORAL SPRINGS FL 33075-8380</b>	Mailing Address <b>P.O. BOX 8380 CORAL SPRINGS FL 33075-8380</b>
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3. Date Incorporated or Qualified <b>06/21/1974</b>		
4. FEI Number <b>59-2226982</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**GORDON, MICHAEL E P.A.  
CERTIFIED PUBLIC ACCOUNT  
3300 UNIVERSITY DRIVE SUITE 301  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>WOLFSON, LOUIS III</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8990 SOUTH DIXIE HIGHWAY, SUITE 800</b>	CITY-ST-ZIP <b>MIAMI FL 33156</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>LEIVA, GERMAN</b>	1.3 STREET ADDRESS <b>2665 SOUTH BAYSHORE DRIVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2305 N.W. 107 AVENUE</b>	CITY-ST-ZIP <b>MIAMI FL 33172</b>	1.4 CITY-ST-ZIP <b>SUITE 202</b>	
TITLE <b>TD</b>	NAME <b>SANCHEZ, RALPH</b>	2.1 TITLE <b>COCONUT GROVE, FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1 SPEEDWAY BLVD.</b>	CITY-ST-ZIP <b>HOMESTEAD FL 33035</b>	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS <b>33133</b>	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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: \_\_\_\_\_ **1/26/98 (305) 854-1440**

CR2E037 (10/97)