


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90247 023 ****61.25

DOCUMENT # 730155
 1. Entity Name
 JOURNEY'S END HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 8380 CORAL SPRINGS, FL 33075-8380	Mailing Address P.O. BOX 8380 CORAL SPRINGS, FL 33075-8380
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54030578



DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2226982	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 GORDON, MICHAEL E P.A.
 CERTIFIED PUBLIC ACCOUNT
 3300 UNIVERSITY DRIVE SUITE 301
 CORAL SPRINGS, FL 33065

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFSON, LOUIS III 9400 SOUTH DADELAND BOULEVARD, #100 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIVA, GERMAN 9490 OLD CUTLER LANE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, RALPH 9540 JOURNEY'S END ROAD CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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:  **4-7-04** **305-854-1440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #