

**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

54030578



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2226982

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 PD
NAME WOLFSON, LOUIS III
STREET ADDRESS 9400 SOUTH DADELAND BOULEVARD, #100
CITY-ST-ZIP MIAMI, FL 33156

TITLE VD
NAME LEIVA, GERMAN
STREET ADDRESS 9490 OLD CUTLER LANE
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE TD
NAME SANCHEZ, RALPH
STREET ADDRESS 9540 JOURNEY'S END ROAD
CITY-ST-ZIP 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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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04 305-8541440