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FILED
Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739026** (3)
1. Corporation Name
SJC HOME ASSOCIATION, INC.

Principal Place of Business Mailing Address
10470 SPRING HILL DR **10470 SPRING HILL DR**
SPRING HILL FL 34608 **SPRING HILL FL 34608-5044**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1977		3a. Date of Last Report 04/08/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2620289		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LANNEN, RICHARD 12439 SPREADING OAK DR SPRINGHILL FL 34609				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 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	P	1.1 TITLE	P Beneto Tornisoglio
NAME	LANNEN, RICHARD	1.2 NAME	9549 Northalisse Blvd
STREET ADDRESS	12439 SPREADING OAK DR	1.3 STREET ADDRESS	Springhill, FL 34608
CITY-ST-ZIP	SPRINGHILL FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Robert Tempie
NAME	PIETRZYK, WLATER	2.2 NAME	9331 Chase ST
STREET ADDRESS	2391 GODFREY AVE	2.3 STREET ADDRESS	Spring Hill, FL 34606
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	PAUL D'Alessio
NAME	MCGRATH, DENNIS	3.2 NAME	2057 Bishop Rd
STREET ADDRESS	11107 MARQUETTE ST	3.3 STREET ADDRESS	Spring Hill, FL 34608
CITY-ST-ZIP	SPRINGHILL FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	MYERS, GARY
NAME	MYERS, GARY	4.2 NAME	5140 JULIET CT
STREET ADDRESS	5140 JULIET CT	4.3 STREET ADDRESS	Spring Hill FL
CITY-ST-ZIP	SPRINGHILL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	RIFINO, ANGELO
NAME	REGAN, JESSE	5.2 NAME	10422 Bedford Rd.
STREET ADDRESS	3416 DOTHAN AVE	5.3 STREET ADDRESS	Spring Hill, FL
CITY-ST-ZIP	SPRINGHILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Zullo, OSCAR
NAME	TRETTER, MAURICE	6.2 NAME	8492 Belmont Rd.
STREET ADDRESS	9689 HORIZON DRIVE	6.3 STREET ADDRESS	Spring Hill, FL
CITY-ST-ZIP	SPRINGHILL FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)