FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739026

1. Corporation Name
SJC HOME ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/12/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2620289 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TORNIFOGLIO, GENERO 9529 NORTHCLIFFE BLVD SPRING HILL FL 34608	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: X Mario Genevese — X 1/11/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	MARIO GENEVESE PRESIDENT	☒ Change ☐ Addition
NAME	TORNIFOGLIO, GENERO		1.2 NAME		
STREET ADDRESS	9529 NORTHCLIFFE BLVD		1.3 STREET ADDRESS	13488 Pullman	
CITY-ST-ZIP	SPRINGHILL FL		1.4 CITY-ST-ZIP	SPRINGHILL FL	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	TEMPE, ROBERT		2.2 NAME	William Winegerter	
STREET ADDRESS	9331 CHASE ST		2.3 STREET ADDRESS	11208 Homeway	
CITY-ST-ZIP	SPRINGHILL FL		2.4 CITY-ST-ZIP	SPRINGHILL FL 34606	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	D'ALESSIO, PAUL		3.2 NAME	Michael Sivotta	
STREET ADDRESS	2057 BISHOP RD		3.3 STREET ADDRESS	5091 Panther	
CITY-ST-ZIP	SPRINGHILL FL		3.4 CITY-ST-ZIP	SPRINGHILL FL	
TITLE	S	☐ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	GENEVESE, MARIO		4.2 NAME	Arnold Carlson	
STREET ADDRESS	13488 PULLMAN DR		4.3 STREET ADDRESS	10304 Elgin	
CITY-ST-ZIP	SPRING HILL FL 34609		4.4 CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RIFINO, ANGELO		5.2 NAME	John Gustrega	
STREET ADDRESS	10422 BEDFORD RF		5.3 STREET ADDRESS	1516 Deering Ave	
CITY-ST-ZIP	SPRINGHILL FL		5.4 CITY-ST-ZIP	Spring Hill, FL 34608	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ZULLO, OSCAR		6.2 NAME	Joseph Irving	
STREET ADDRESS	8492 BELMONT RD		6.3 STREET ADDRESS	4424 Gaston St.	
CITY-ST-ZIP	SPRINGHILL FL		6.4 CITY-ST-ZIP	Spring Hill, FL 34607	

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED — X 1/11/99 — 352) 683-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)