FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:13

DOCUMENT # **768797** **(3)**

1. Corporation Name
JOGGERS RUN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5710 S. DIXIE HWY. SUITE A WEST PALM BEACH FL 33405	5710 S. DIXIE HWY. SUITE A WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1983
3a. Date of Last Report: 03/21/1994
4. FEI Number: 51-0281327 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

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

9. Name and Address of Current Registered Agent

SALATA, KATHLEEN W
5710 S. DIXIE HWY.
SUITE A
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kathy Webb Salata 3-22-95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	WEBBER, BRENTON F.	12 NAME	
STREET ADDRESS	701 MAPLEWOOD DR.	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	D ☒ Change ☐ Addition
NAME	MCCURDY, MICHAEL	22 NAME	Alan Pain
STREET ADDRESS	1602 MAPLEWOOD DR.	23 STREET ADDRESS	2606 Maplewood Drive
CITY-ST-ZIP	W. PALM BCH., FL 33415	24 CITY-ST-ZIP	West Palm Beach, Fl 33415
TITLE	VD	31 TITLE	P ☒ Change ☐ Addition
NAME	TURCOTTE, DICK	32 NAME	Dick Turcotte
STREET ADDRESS	906 MAPLEWOOD DR.	33 STREET ADDRESS	906 Maplewood Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33415	34 CITY-ST-ZIP	West Palm Beach, Fl 33415
TITLE	TD	41 TITLE	S/T ☒ Change ☐ Addition
NAME	FINLEY, PAUL	42 NAME	Kenneth Crouse
STREET ADDRESS	1106 MAPLEWOOD DR.	43 STREET ADDRESS	201 Maplewood Drive
CITY-ST-ZIP	W. PALM BCH. FL 33415	44 CITY-ST-ZIP	West Palm Beach, Fl 33415
TITLE	D	51 TITLE	VP ☒ Change ☐ Addition
NAME	FOLEY, RICHARD	52 NAME	Elizabeth Keim
STREET ADDRESS	2405 MAPLEWOOD DR.	53 STREET ADDRESS	1004 Maplewood Drive
CITY-ST-ZIP	WEST PALM BEACH FL 33415	54 CITY-ST-ZIP	West Palm Beach, Fl 33415
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	EMES, KATHLEEN	62 NAME	
STREET ADDRESS	2601 MAPLEWOOD DR.	63 STREET ADDRESS	Delete
CITY-ST-ZIP	WEST PALM BEACH FL 33415	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard Turcotte 3/22/95 (407) 547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #