

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768797 (3)

1. Corporation Name

JOGGERS RUN PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

5710 S. DIXIE HWY.
SUITE A
WEST PALM BEACH FL 33405

Mailing Address

5710 S. DIXIE HWY.
SUITE A
WEST PALM BEACH FL 33405



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1983		3a. Date of Last Report 03/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0281327		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

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 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 *Kathleen Salata*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEBBER, BRENTON F.	1.2 NAME	
STREET ADDRESS	701 MAPLEWOOD DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAIN, ALAN	2.2 NAME	
STREET ADDRESS	2606 MAPLEWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH., FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TURCOTTE, DICK	3.2 NAME	
STREET ADDRESS	906 MAPLEWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	ST ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	CROUSE, KENNETH	4.2 NAME	
STREET ADDRESS	201 MAPLEWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KEIM, ELIZABETH	5.2 NAME	
STREET ADDRESS	1004 MAPLEWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 / President* 2/15/96 (407) 546-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)