2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# 768797

Entity Name: JOGGERS RUN PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2328 S CONGRESS AVE
1-C
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

2328 S CONGRESS AVE
1-C
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 51-0281327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILLEY, J. DONALD P.A.
860 US HWY ONE
STE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CUERVO, AL
Address: 1904 MAPLEWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete
Name: BONDONESE, PATRICIA
Address: 1403 MAPLEWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: STD ( ) Delete
Name: KEIM, ELIZABETH
Address: 1004 MAPLEWOOD DR
City-St-Zip: WEST PALM BEACH, FL

Title: PD ( ) Delete
Name: NELSON, RAE
Address: 1805 MAPLEWOOD DRIVE
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BONDONESE, PATRICIA
Address: 1403 MAPLEWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33415

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MEEKER, JENNIFER
Address: 1706 MAPLEWOOD DR
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAE NELSON PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date