
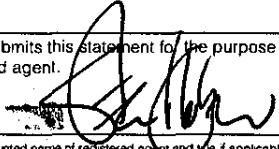
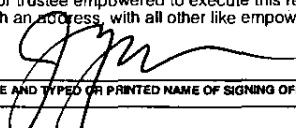


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90484 028 \*\*\*\*61.25

<b>DOCUMENT # N03000007025</b>					
1. Entity Name <b>GOMEZ HILLS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3890 SE QUANSET TERRACE STUART, FL 34997</b>			Mailing Address <b>3890 SE QUANSET TERRACE STUART, FL 34997</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		100 S. Birch Road			
City & State		Suite 2801			
Zip		Country		City & State	
33316		USA		Fort Lauderdale, FL	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIGERONIMO, JOSEPH 3890 SE QUANSET TERRACE STUART, FL 34997				Name Stephen V. Hoffman, Esq.	
				Street Address (P.O. Box Number is Not Acceptable)	
				1500 N. Federal Highway, Suite 200	
				City Fort Lauderdale	
				FL Zip Code 33304	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 4-28-04					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DPT	<input checked="" type="checkbox"/> Delete			
NAME	DIGERONIMO, JOSEPH				
STREET ADDRESS	3890 SE QUANSET TERRACE				
CITY-ST-ZIP	STUART, FL 34997				
TITLE	DVS	<input checked="" type="checkbox"/> Delete			
NAME	NEANDROSS, BRUCE L				
STREET ADDRESS	1516 CYPRESS DRIVE SUITE 2				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	HOLMES, KIMBERLY				
STREET ADDRESS	1516 CYPRESS DRIVE SUITE 2				
CITY-ST-ZIP	JUPITER, FL 33469				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Paul Kozel				
STREET ADDRESS	100 S. Birch Road, Suite 2801				
CITY-ST-ZIP	Fort Lauderdale, FL 33316				
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	John Doyle				
STREET ADDRESS	1752 NE 12th Street				
CITY-ST-ZIP	Fort Lauderdale, FL 33304				
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Chad Zinda				
STREET ADDRESS	6300 NW 5th Way				
CITY-ST-ZIP	Fort Lauderdale, FL 33309				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 5/5/04 DAYTIME PHONE # 954 336 9933					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

24074273



04222004 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Stephen V. Hoffman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1500 N. Federal Highway, Suite 200

City Fort Lauderdale

FL

Zip Code 33304

8. 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. I am familiar with, and accept the obligations of registered agent.

DATE 4-28-04

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☒ Change ☐ Addition

NAME Paul Kozel  
STREET ADDRESS 100 S. Birch Road, Suite 2801  
CITY-ST-ZIP Fort Lauderdale, FL 33316

☒ Change ☐ Addition

NAME John Doyle  
STREET ADDRESS 1752 NE 12th Street  
CITY-ST-ZIP Fort Lauderdale, FL 33304

☒ Change ☐ Addition

NAME Chad Zinda  
STREET ADDRESS 6300 NW 5th Way  
CITY-ST-ZIP Fort Lauderdale, FL 33309

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 5/5/04 DAYTIME PHONE # 954 336 9933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #