

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000006822

1. Entity Name
8190 JOG ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
7806 CHARNEY LN
BOCA RATON, FL 33496

Mailing Address
7806 CHARNEY LN
BOCA RATON, FL 33496



01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1384586

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUSI, SAMUEL
7806 CHARNEY LN
BOCA RATON, FL 33496

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SP
NAME	SUSI, SAMUEL
STREET ADDRESS	7806 CHARNEY LN
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DV
NAME	ZANK, ELLIOT
STREET ADDRESS	4783 N CONGRESS AVE
CITY-ST-ZIP	BOYNTON BCH, FL 33462
TITLE	DST
NAME	SUSI, MARILEE
STREET ADDRESS	7806 CHARNEY LN
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

0110001390437
01/23/06-80028-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] President

1/13/06

561-483-2030