

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000006822

1. Entity Name

8190 JOG ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O SUSI ENTERPRISES, INC.
7806 CHARNEY LANE
BOCA RATON, FL 33496

Mailing Address

C/O SUSI ENTERPRISES, INC.
7806 CHARNEY LN
BOCA RATON, FL 33496



01242008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

20-1384586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUSI, SAMUEL
7806 CHARNEY LN
BOCA RATON, FL 33496

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHAPIRO, CRAIG
STREET ADDRESS 8190 JOG ROAD STE 230
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VP
NAME LEIFER, ROBERT
STREET ADDRESS 8190 JOG ROAD STE 220
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ST
NAME HESCHELES, CRAIG
STREET ADDRESS 8190 JOG ROAD STE 210
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D
NAME BUCHANON, REX
STREET ADDRESS 8190 JOG ROAD STE 250
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D
NAME DARLING, STEVEN
STREET ADDRESS 8190 JOG ROAD STE 200
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000300348
01/31/08-80013-023 61.25

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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 #

1/23/08 904-483-2030