

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

DOCUMENT # N04000009176

1. Entity Name  
SEVEN J'S SUBDIVISION PROPERTY OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
2642 WILLOUGHBY BLVD. SE  
STUART, FL 34994

Mailing Address  
2642 WILLOUGHBY BLVD. SE  
STUART, FL 34994

2. Principal Place of Business

2049 SW Poma Drive  
Suite, Apt. #, etc.

3. Mailing Address

2049 SW Poma Drive  
Suite, Apt. #, etc.

City & State

Palm City FL

Zip

34990

Country

USA

City & State

Palm City FL

Zip

34990

Country

USA

4. FEI Number

APPLIED FOR 51-0538885

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POMA, FRANK  
2642 WILLOUGHBY BLVD. SE  
STUART, FL 34994

Name

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

2049 SW Poma Drive  
City  
Palm City

FL Zip Code  
34990

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

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMA, FRANK 2642 WILLOUGHBY BLVD. SE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Poma, Frank 2049 SW Poma Drive Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST POMA, JASON F 2642 WILLOUGHBY BLVD. SE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Poma, Jason F 2049 SW Poma Drive Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMA, JOSEPH A 2642 WILLOUGHBY BLVD. SE STUART, FL 34994	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Poma, Joseph A. 2049 SW Poma Drive Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Frank Poma 4-24-06 272-283-0099  
Date Daytime Phone #

05-02-2006 90418 048 \*\*\*\*61.25

40079774



04112006 Chg-NP CR2E037 (11/05)

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