

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001351

FILED  
Mar 09, 2011  
Secretary of State

**Entity Name:** JULIA GARDENS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MIAMI MANAGEMENT  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Principal Place of Business:**

PHOENIX MGMT. SERVICES  
4800 NO. STATE RD. 7 #F-105  
LAUDERDALE LKS, FL 33319

**Current Mailing Address:**

MIAMI MANAGEMENT  
1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**New Mailing Address:**

PHOENIX MGMT. SERVICES  
4800 NO. STATE RD. 7 #F-105  
LAUDERDALE LKS, FL 33319

**FEI Number:** 20-5732212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISINGER, BROWN, LEWIS & FRANKEL PA  
4000 HOLLYWOOD BLVD  
SUITE 265-S  
HOLLYWOOD, FL 33021 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: P  
Name: GERSHAM, CASSANDRA R  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: TIERNEY, SUSAN  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: S/T  
Name: GORDON, PAULETTE  
Address: 1145 SAWGRASS CORPORATE PARKWAY  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: REICHBACH, DAVID  
Address: 6983 JULIA GARDENS DR.  
City-St-Zip: COCONUT CREEK, FL 33073

Title: VP  
Name: KOCENKO, MARK  
Address: 6952 JULIA GARDENS DRIVE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA GERSHAM

P

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date