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May 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08386

1. Corporation Name
SAN JOSE FOREST II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3733 UNIVERSITY BLVD., WEST #109 JACKSONVILLE FL 32217	Mailing Address 3325 HENDRICKS AVE SUITE A JACKSONVILLE FL
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2. Principal Place of Business 21 3325 Hendricks Avenue Suite, Apt. #, etc. 22 A City & State 23 Jacksonville, FL Zip 24 32207 Country 25 USA	2a. Mailing Address 26 3325 Hendricks Avenue Suite, Apt. #, etc. 27 A City & State 28 Jacksonville, FL Zip 29 32207 Country 30 USA	3. Date Incorporated or Qualified 03/27/1985	4. FEI Number 59-2646149 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent CANNON, L. KINDER, III 2000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name Cohen, Ron 82 Street Address (P.O. Box Number is Not Acceptable) 2828 Wood Valley Court 83 84 City Jacksonville FL 85 Zip Code 32217
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/28/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BURRELL, STEVE 2852 WOOD VALLEY CT. JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	COHEN, RON 2828 WOOD VALLEY COURT JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SAYWARD III, ROLAND W 6343 CHRISTOPHER CREEK RD, W. JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HENDERSON, GENEVA 6309 CHRISTOPHER CREEK RD, W. JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/28/99 DAYTIME PHONE #: 904-888-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)