## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08386

FILED May 10, 2005 Secretary of State

Entity Name: SAN JOSE FOREST II HOMEOWNERS ASSOCIATION, INC.

US

US

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

6439 WOOD VALLEY ROAD JACKSONVILLE, FL 32217

6319 CHRISTOPHER CREEK RD W. JACKSONVILLE, FL 32217

**Current Mailing Address:** 

**New Mailing Address:** 

6439 WOOD VALLEY ROAD JACKSONVILLE, FL 32217

6319 CHRISTOPHER CREEK RD W. JACKSONVILLE, FL 32217

FEI Number: 59-2646149

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HILL, MICHAEL D 6439 WOOD VALLEY RD

JACKSONVILLE, FL 32217 US JOEL, TINA P 6319 CHRISTOPHER CREEK RD W. JACKSONVILLE, FL 32217

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: TINA P. JOEL

05/10/2005

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

2919 CHRISTOPHER CREEK RD. N.

(X) Change ( ) Addition

() Delete COHEN, RON Name: 2828 WOOD VALLEY CT Address: City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Delete MCBURNEY, CHARLES Name:

Address: 6326 CHRISTOPHER CREEK RD. E

City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete HILL, MICHAEL D Name: 6439 WOOD VALLEY RD Address: City-St-Zip: JACKSONVILLE, FL 32217

Title: () Delete Name: MARSHALL, DAVID Address:

City-St-Zip:

6359 CHRISTOPHER CREEK RD E. JACKSONVILLE, FL

Title: Name:

Name:

Address:

City-St-Zip:

City-St-Zip:

(X) Change ( ) Addition BOLWELL, FRASER

Address: 6323 CHRISTOPHER CREEK RD. N.

SPITZER, MICHAEL

JACKSONVILLE, FL 32217

JACKSONVILLE, FL 32217

TD (X) Change ( ) Addition

Title: JOEL, TINA P Name:

6319 CHRISTOPHER CREEK RD. W. Address:

City-St-Zip: JACKSONVILLE, FL 32217

Title: (X) Change ( ) Addition Name: SPITZER, KIMBERLY

2919 CHRISTOPHER CREEK RD N Address: City-St-Zip: JACKSONVILLE, FL 32217

TD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TINA P. JOEL Electronic Signature of Signing Officer or Director

05/10/2005 Date