

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08386

FILED  
Apr 30, 2007  
Secretary of State

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

**Current Principal Place of Business:**

6319 CHRISTOPHER CREEK RD W.  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

6319 CHRISTOPHER CREEK RD W.  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 59-2646149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOEL, TINA P  
6319 CHRISTOPHER CREEK RD W.  
JACKSONVILLE, FL 32217 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: PD ( ) Delete  
Name: SPITZER, MICHAEL  
Address: 2919 CHRISTOPHER CREEK RD. N.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: V ( ) Delete  
Name: BOLWELL, FRASER  
Address: 6323 CHRISTOPHER CREEK RD. N.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD ( ) Delete  
Name: JOEL, TINA P  
Address: 6319 CHRISTOPHER CREEK RD. W.  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S ( ) Delete  
Name: BROWN, LYNNE  
Address: 2961 CHRISTOPHER CREEK RD N  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

TREA

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date