




# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90002 012 \*\*\*\*61.25

<b>DOCUMENT # N94000001403</b> 1. Entity Name <b>JONATHANS GROVE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3876 JONATHANS WAY BOYNTON BEACH, FL 33436 US</b>			Mailing Address <b>P.O. BOX 24-4666 BOYNTON BEACH, FL 33424-4666 US</b>		
2. Principal Place of Business <b>3843 Jonathan's way</b> Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State <b>Boynton Beach, FL</b>			City & State  		
Zip <b>33436</b>		Country <b>USA</b>		Zip  Country	
4. FEI Number <b>59-0323468</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CARROLL, BETTY 3802 JONATHANS WAY BOYNTON BEACH, FL 33436</b>			7. Name and Address of New Registered Agent Name <b>Juliana Steele</b> Street Address (P.O. Box Number is Not Acceptable) <b>3846 Jonathan's way</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33436</b>		
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  <span style="float: right;">1-12-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARTIROMO, GERRY 3861 JONATHANS WAY BOYNTON BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANCARELLI, ALFRED 3876 JONATHANS WAY BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD moreno, Alex 3843 Jonathan's way Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOSER, JERRY 3855 JONATHANS WAY BOYNTON BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gratten, Annamaria 3885 Jonathans way Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARROLL, BETTY 3802 JONATHANS WAY BOYNTON BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steele, Juliana 3846 Jonathan's way Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VGADE, CARLOS 888 EAST COAST AVE LANTANA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VGADE, CARLOS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pujols, Luis 3887 Jonathan's way Boynton Beach, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pujols, Luis 3887 Jonathan's way Boynton Beach, FL 33436
12. 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 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.					
<b>SIGNATURE:</b>  <span style="float: right;">Juliana m Steele 1-12-04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

561-276-8446  
x205