


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90051 001 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N94000001403</b>  |  |
| 1. Entity Name<br><b>JONATHANS GROVE HOMEOWNERS ASSOCIATION, INC.</b> |   |

|   |  |
|---|--|
| Principal Place of Business<br><b>3843 JONATHANS WAY<br/>BOYNTON BEACH, FL 33436 US</b> | Mailing Address<br><b>P.O. BOX 24-4666<br/>BOYNTON BEACH, FL 33424-4666 US</b> |
|---|--|

00001276



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>PO Box 4666</b><br>Suite, Apt. #, etc. |
|---|---|

01032005 Chg-NP CR2E037 (10/03)

|  |  |
|--|--|
| City & State<br><b>Boynton Beach, FL</b> | City & State<br><b>Boynton Beach, FL</b> |
| Zip<br><b>33436</b>                      | Country                                  |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-0323468</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>STEETE, JULIANA<br/>3846 JONATHANS WAY<br/>BOYNTON BEACH, FL 33436</b> |  |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

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 <u><i>Juliana M Steele</i></u><br>Signature, typed or printed name of registered agent and title if applicable. | <u><i>Juliana M Steele</i></u><br>(NOTE: Registered Agent signature required when reinstating) | <u><i>1-4-2005</i></u><br>DATE |
|---|--|--------------------------------|

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | Make check payable to<br><b>Florida Department of State</b> |
|---|---|------------------------------------|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>BARTIROMO, GERRY<br>3861 JONATHANS WAY<br>BOYNTON BEACH, FL <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>MORENO, ALEX<br>3843 JONATHANS WAY<br>BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>DOSER, JERRY<br>3855 JONATHANS WAY<br>BOYNTON BEACH, FL <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>STEELE, JULIANA<br>3846 JONATHANS WAY<br>BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>VGALDE, CARLOS<br>888 EAST COAST AVE<br>LANTANA, FL <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>PUJOLS, LUIS<br>3887 JONATHANS WAY<br>BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>UGALDE, CARLOS</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3861 Jonathans way</b> |

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.

|   |                              |   |
|---|------------------------------|---|
| SIGNATURE: <u><i>Juliana M Steele</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <u><i>1-5-05</i></u><br>Date | <u><i>561-876-8411</i></u><br>Daytime Phone # |
|---|------------------------------|---|

*Juliana m Steele*