

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001403

FILED
Apr 09, 2008
Secretary of State

Entity Name: JONATHANS GROVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3846 JONATHAN'S WAY
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4666
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 59-0323468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLANO, RON
3846 JONATHANS WAY
BOYNTON BEACH, FL 33436 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: MORENO, ALEX
Address: 3843 JONATHANS WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: PUJOLS, LUIS
Address: 3867 JONATHANS WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: DOSER, JERRY
Address: 3855 JONATHANS WAY
City-St-Zip: BOYNTON BEACH, FL

Title: TD () Delete
Name: CASTELLANO, RON
Address: 3846 JONATHANS WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VPD () Delete
Name: UGALDE, CARLOS
Address: 888 EAST COAST AVE
City-St-Zip: LANTANA, FL 33436

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:

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: RON CASTELLANO

TD

04/09/2008

Electronic Signature of Signing Officer or Director

Date