
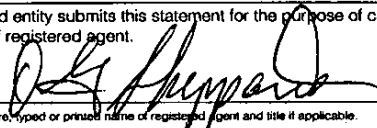
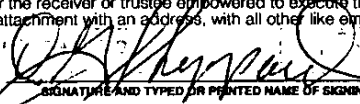


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90016 016 \*\*\*\*61.25

<b>DOCUMENT # N95000002825</b>					
<b>1. Entity Name</b> JOG ACRES, FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11105 SE SUNSET SUMMERFIELD, FL 34491			<b>Mailing Address</b> P.O. BOX 1386 BELLEVIEW, FL 34421 US		
<b>2. Principal Place of Business</b> 11105 SE SUNSET HARBOR RD Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> Summerfield, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3377038	
<b>Zip</b> 34491		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SHEPPARD, O G 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE:  DATE: 1/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SHEPPARD, O.G. 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD Sheppard, Karen M. P.O. Box 1386 Belleview, FL 34424	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD DAVIS, KAREN M PO BOX 1386 BELLEVIEW, FL 34421		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	STD SHEPPARD, JAMES A 11105 SE SUNSET HARBOR RD SUMMERFIELD, FL 34491	
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<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.</b>					
<b>SIGNATURE:</b> 			Date: 1/5/05 Daytime Phone #: 352-620-2766		