

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90240 040 ****61.25

DOCUMENT # N96000003813

1. Entity Name

**J.G. HEADS FARM UNIT A HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

Mailing Address

**782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

14022061



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0682563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PUIG, MAGALI L
782 NORTHWEST LE JEUNE ROAD #428
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ANLLO, INGRID
STREET ADDRESS 3350 SW 129TH AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE SD ☐ Delete
NAME PUIG, MAGALI L
STREET ADDRESS 782 NORTHWEST LE JEUNE ROAD #428
CITY-ST-ZIP MIAMI FL 33126

TITLE TD ☐ Delete
NAME MARTINEZ, LIZARDO
STREET ADDRESS 3705 SW 130 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE V ☐ Delete
NAME MONSERRAT, LEONARDO
STREET ADDRESS 3400 S.W. 128 AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE V ☐ Delete
NAME GUERRERO, RAUL
STREET ADDRESS 3545 S.W. 129 AVENUE
CITY-ST-ZIP MIAMI FL 33175

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *X Magali Puig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

(205) 442-8992
Daytime Phone #