


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0682563	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUIG, MAGALI L 782 NORTHWEST LE JEUNE ROAD #428 MIAMI FL 33126				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANLLO, INGRID		NAME		
STREET ADDRESS	3350 SW 129TH AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33175		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUIG, MAGALI L		NAME		
STREET ADDRESS	782 NORTHWEST LE JEUNE ROAD #428		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33126		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, LIZARDO		NAME		
STREET ADDRESS	3705 SW 130 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33175		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONSERRAT, LEONARDO		NAME		
STREET ADDRESS	3400 S.W. 128 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33175		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERRERO, RAUL		NAME		
STREET ADDRESS	3545 S.W. 129 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33175		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(f), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Magali L. Puig</i>			Date: <i>4/22/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		