



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:08

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|--|---|---|--|--|--|
| 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 - No P.O. Box # 777 N.W. 72 AVE Suite, Apt. #, etc. 3033 City & State Miami, FLA. Zip 33124 | | 3. Mailing Address 777 N.W. 72 AVE Suite, Apt. #, etc. 3033 City & State Miami, FLA. Zip 33124 | |  | |
| 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 PUIG, MAGALI L 782 NORTHWEST LE JEUNE ROAD #428 MIAMI, FL 33126 | | | 7. Name and Address of New Registered Agent Name MAGALI L. PUIG Street Address (P.O. Box Number is Not Acceptable) 777 N.W. 72 AVE. SUITE 3033 City Miami FL Zip Code 33126 | | |
| 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>Magali L. Puig</i></u> DATE <u>9/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 12, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD ANLLO, INGRID 3350 SW 129TH AVE MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PUIG, MAGALI L 782 NORTHWEST LE JEUNE ROAD #428 MIAMI, FL 33126 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MARTINEZ, LIZARDO 3705 SW 130 AVE MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MONSERRAT, LEONARDO 3400 S.W. 128 AVENUE MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V GUERRERO, RAUL 3545 S.W. 129 AVENUE MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 700136148247 09/19/08--01038--023 **\$61.25 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S.D. PUIG, MAGALI L. 777 N.W. 72 AVE # 3033 Miami, FLA. 33126 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | B 9/18/08 | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Magali L. Puig</i></u> MAGALI L. PUIG 9/15/08 (305) 442-8023 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |