


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90014 025 \*\*\*\*61.25

<b>DOCUMENT # N99000002403</b>		
1. Entity Name JOG ESTATES PROPERTY OWNERS ASSOCIATION, INC.		

Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33-4876	Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33-4876
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40034706

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03092007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0915312		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  GROSS, RONALD N 6718 JOG PALM DR BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name <u>RANDALL ROGER T ASSOCIATES</u> Street Address (P.O. Box Number is Not Acceptable) <u>ONE PARK PLACE</u> <u>621 NW 5350 - SEE - 300</u> City <u>BOCA RATON</u> FL <u>33457</u>	
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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 Randall K. Roger, Pres. Randall K. Roger 4-25-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) Associates, P.A.

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACK, THERESA C 6747 JOG PALM DR BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRONDIN, DIANE J 6602 JOG PALM DR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE <u>TD</u> NAME <u>BLONDIN, DIANE</u> STREET ADDRESS <u>6602 JOG PALM DR.</u> CITY-ST-ZIP <u>BOYNTON BEACH, FL 33437</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, TOBA 6530 JOG ESTATES LN BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE <u>VP</u> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, RONALD M 6718 JOG PALM DR BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE <u>PD</u> NAME <u>KOU JALOVEC</u> STREET ADDRESS <u>6666 JOG PALM DR.</u> CITY-ST-ZIP <u>BOYNTON BEACH, FL 33437</u>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM, MESKIN 6529 JOG ESTATES LN BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete	TITLE <u>D</u> NAME <u>CHARLEN BASILOVECH</u> STREET ADDRESS <u>6617 JOG PALM DR.</u> CITY-ST-ZIP <u>BOYNTON BEACH, FL 33437</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] April 23, 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #