

46625

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90001 025 \*\*\*\*61.25

DOCUMENT # N99000002403

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-NP CR2E037 (12/06)

City &amp; State

City &amp; State

4. FEI Number  
65-0915312Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANDALL ROGER & ASSOCIATES  
621 NW 53RD STREET  
SUITE 300  
BOCA RATON, FL 33487

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME BLONDIN, DIANE  
STREET ADDRESS 6602 JOG PALM DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME LEO GORKOSKI  
STREET ADDRESS 6670 JOG PALM DR.  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE PD ☒ Delete  
NAME JALOUER, LOU  
STREET ADDRESS 6666 JOG PALM DR.  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VICE PRESIDENT ☐ Change ☒ Addition  
NAME RUTH JACOBSON  
STREET ADDRESS 6565 JOG PALM DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete  
NAME BACLOUECCHIO, CAPOPOEN  
STREET ADDRESS 6617 JOG PALM DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SECRETARY ☐ Change ☒ Addition  
NAME SHIALEY KILLION  
STREET ADDRESS 6601 JOG PALM DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KENJIE W. KERR  
STREET ADDRESS 6599 JOG PALM DR.  
CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

561-752-5559

Daytime Phone #