

44625

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2008 90001 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		
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	4. FEI Number 65-0915312	
				Applied For 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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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	TD <input type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLONDIN, DIANE	NAME	LEO BORKOSKI		
STREET ADDRESS	6602 JOG PALM DR	STREET ADDRESS	6670 JOG PALM DR.		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JALOUEC, LOU	NAME	RUTH JACOBSON		
STREET ADDRESS	6666 JOG PALM DR.	STREET ADDRESS	6565 JOG PALM DR		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BACLOUECCHIO, CAPOPOEN	NAME	SHIALEY KILLION		
STREET ADDRESS	6617 JOG PLAM DR	STREET ADDRESS	6601 JOG PALM DR		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	KENJIE W. KERR		
STREET ADDRESS		STREET ADDRESS	6599 JOG PALM DR.		
CITY-ST-ZIP		CITY-ST-ZIP	BOYNTON BEACH FL 33437		
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			
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 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: <i>Alicia J. Blondin</i>			3/20/08		561-752-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #