

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718087

FILED
Apr 13, 2009
Secretary of State

Entity Name: JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.

Current Principal Place of Business:

245 18 ST
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O LJ SERVICES GROUP
P.O. BOX 841437
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 59-1299143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LJ SERVICES GROUP, CORP
1045 KANE CONCOURSE
#212
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARRERO, EVANGELINA
Address: 245 18TH STE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VTD () Delete
Name: ZACKMAN, MICHAEL
Address: 245 18 ST
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: JACQUE, DELVA
Address: 245 18TH ST
City-St-Zip: MIAMI BEACH, FL 33134

Title: D () Delete
Name: LANIER, MARGARITA
Address: 245 18TH STREET #1103
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: VALDES, AUGUSTINA
Address: 245 18 STREET
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CASTILLO, ANA MARIE
Address: 245 18 STREET
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOHNSON

MGR

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date