

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760141 (2)

1. Corporation Name
THE JIB CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 50 BEACH ROAD TEQUESTA FL 33469
Mailing Address: 50 BEACH ROAD TEQUESTA FL 33469

3. Date Incorporated or Qualified: 09/23/1981
3a. Date of Last Report: 04/12/1995
4. FEI Number: 59-2430652
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: WALSH, ROSEMARY L. 50 BEACH RD #101 TEQUESTA FL 33469
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALZERET, LEO C.	12 NAME	
STREET ADDRESS	50 BEACH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GERALDINE	22 NAME	
STREET ADDRESS	50 BEACH ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, JOHN	32 NAME	
STREET ADDRESS	50 BEACH ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	34 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCALUS, ROBERT L.	42 NAME	
STREET ADDRESS	511 HARTUNG DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	WYCKOFF NJ	44 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, ROSEMARY L.	52 NAME	
STREET ADDRESS	50 BEACH ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: Rosemary L. Walsh DATE: 4-19-96 (407) 746-1137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)