

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90072 029 ****61.25

DOCUMENT # N04000011523					
1. Entity Name EL JARDIN I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4380 US HWY #1 VERO BEACH, FL 32967			Mailing Address 4380 US HWY #1 VERO BEACH, FL 32967		
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 20-2000026	
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		
SPEECHLY, JR CLIFFORD S. 4380 US HWY #1 VERO BEACH, FL 32967			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 <u>Clifford S. Speechly, Jr.</u> DATE <u>4/17/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	D MCGONIGLE, DAVID 4380 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Mark Good 4380 U.S. Highway #1 Vero Beach, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SANDY 4380 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Theresa Emery 4380 U.S. Hwy #1 Vero Beach, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, SAMANTHA 4380 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Jackie Carter 4380 U.S. Hwy #1 Vero Beach, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARABOCCHIA, LADINE 4380 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Kevin Haas 4380 U.S. HWY #1 Vero Beach, FL 32967	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPEECHLY, CLIFFORD S JR 4380 US HWY #1 VERO BEACH, FL 32967	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/S (Assistant Secretary) Clifford S. Speechly, Jr. 4380 U.S. Hwy #1 Vero Beach, FL 32967	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wesley Johnson 4380 U.S. HWY #1 Vero Beach, FL 32967	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wesley Johnson 4380 U.S. HWY #1 Vero Beach, FL 32967	☐ Change ☒ 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: <u>Clifford S. Speechly, Jr.</u> DATE <u>4/17/07</u> (772) 364-7440 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					