2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 760141 May 16, 2000 8:00 am Secretary of State THE JIB CLUB CONDOMINIUM ASSOCIATION, INC. 05-16-2000 90150 046 ****61.25 Principal Place of Business Mailing Address 50 BEACH ROAD 50 BEACH ROAD **TEQUESTA FL 33469-3542 TEQUESTA FL 33469** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2430652 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WALSH, ROSEMARY L. 50 BEACH RD #101 **TEQUESTA FL 33469** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 AND DIRECTORS 11. 10. Addition DVP M Delete TITLE TITLE NAME NAME BALZEREIT, LEO C. so Beach Rd STREET ADDRESS STREET ADDRESS 50 BEACH ROAD Teguesta FL 33469 CITY-ST-ZIP CITY-ST-7IB TEQUESTA FL Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, GERALDINE NAME NAME STREET ADDRESS STREET ADDRESS **50 BEACH ROAD** CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL VF Delete TITLE Change Addition HOLTON, JOHN NAME STREET ADDRESS STREET ADDRESS 50 BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL Oelete Addition Change TITLE Eugene N Short so Beach Rd Tequesta, FL 334 MARCALUS, ROBERT L. STREET ADDRESS STREET ADDRESS **511 HARTUNG DRIVE** CITY-ST-ZIP CITY-ST-ZIP WYCKOFF NJ: 2 ☐ Change Addition Delete WALSH, ROSEMARY L. NAME STREET ADDRESS STREET ADDRESS **50 BEACH ROAD** CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL ☐ Delete ☐ Addition TITLE TITLE Change 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 exemption stated in Section 119.07(3)(i), 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 ampowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 25 1 101) Destina Prone #