

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754722

**Entity Name:** JUSTIN PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

621 CATHCART AVE.  
UNITS 1-10  
ORLANDO, FL 32803

**Current Mailing Address:**

P.O. BOX 536293  
ORLANDO, FL 32853-6293 US

**FEI Number:** 59-2233489

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRAVES, ROXANNE  
420 HILLCREST STREET  
ORLANDO, FL 32803 US

*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:** ROXANNE GRAVES

01/31/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           STOCKSDALE, PAUL  
Address        621 CATHCART AVE. #1  
City-State-Zip: ORLANDO FL 32803

Title           OFFICER  
Name           HALL, ARTHUR  
Address        4503 SCENIC WAY  
City-State-Zip: DE PERE WI 54115

Title           VP  
Name           SLIGER, LARRY  
Address        621 N. CATHCART AVE. #6  
City-State-Zip: ORLANDO FL 32803

Title           TREASURER  
Name           ROXANNE, GRAVES  
Address        PO BOX 533994  
City-State-Zip: ORLANDO FL 32853

Title           SECRETARY  
Name           LOGAN, GRAVES  
Address        PO BOX 533994  
City-State-Zip: ORLANDO FL 32853

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROXANNE GRAVES

TREASURER

01/31/2019

Electronic Signature of Signing Officer/Director Detail

Date