

2018 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

04/19/2018

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

04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date