

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760141

**Entity Name:** THE JIB CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

50 BEACH ROAD  
TEQUESTA, FL 33469

**Current Mailing Address:**

P. O. BOX 3084  
TEQUESTA, FL 33469 US

**FEI Number: 59-2430652**

**Certificate of Status Desired: No**

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

FIELDS, GARY  
4400 PGA BOULEVARD  
SUITE 900  
PALM BEACH GARDENS, FL 33410 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: GARY FIELDS**

**04/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TURNER, ELIZABETH  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            SNYDER, BEA  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER  
Name            FARINA, MICHAEL  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP  
Name            SPAULDING, JOE  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY  
Name            FARINA, GERI  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            HINES, LISA  
Address        11621 KEW GARDENS AVE  
                  SUITE 200  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: ELIZABETH TURNER**

**PRESIDENT**

**04/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date