

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005421

Entity Name: NORTHSTAR OF JACKSONVILLE BEACH CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 22, 2019
Secretary of State
7019764676CC**Current Principal Place of Business:**10592 BALMORAL CIRCLE EAST
SUITE# 7
JACKSONVILLE, FL 32218**Current Mailing Address:**10592 BALMORAL CIRCLE EAST
SUITE# 7
JACKSONVILLE, FL 32218 US**FEI Number: 20-0904198****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**J&L MANAGEMENT OF NORTH FLORIDA, INC.
10592 BALMORAL CIRCLE EAST
SUITE #7
JACKSONVILLE, FL 32218 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: JAMES LONG****01/22/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	TRESCA, TARYN
Address	10592 BALMORAL CIRCLE EAST SUITE# 7
City-State-Zip:	JACKSONVILLE FL 32218

Title	SECRETARY
Name	THORNBURN-ROBERTS, TRACEE
Address	10592 BALMORAL CIRCLE EAST SUITE# 7
City-State-Zip:	JACKSONVILLE FL 32218

Title	TREASURER
Name	POTOLSKY, STEVE
Address	10592 BALMORAL CIRCLE EAST SUITE# 7
City-State-Zip:	JACKSONVILLE FL 32218

Title	OTHER, MANAGER
Name	J&L MANAGEMENT OF NORTH FLORIDA, INC.
Address	10592 BALMORAL CIRCLE EAST SUITE# 7
City-State-Zip:	JACKSONVILLE FL 32218

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: J&L MANAGEMENT OF NORTH FLORIDA, INC.**MANAGER****01/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date