

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005046

Entity Name: JAXOFFICES 600 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223**Current Mailing Address:**P.O. BOX 600033
JACKSONVILLE, FL 32260 US**FEI Number:** 26-0509236**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT PARTNERS & ASSOCIATES, INC.
12058 SAN JOSE BLVD.
SUITE 904
JACKSONVILLE, FL 32223 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:** ELAINE BROOKS**04/29/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	JACOBS, KYLE
Address	P.O. BOX 600033
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	NELSON, LAURIE
Address	P.O. BOX 600033
City-State-Zip:	JACKSONVILLE FL 32260

Title	SECRETARY
Name	LIEB, KAREN
Address	P.O. BOX 600033
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIRECTOR
Name	ROMEU, KATHY
Address	P.O. BOX 600033
City-State-Zip:	JACKSONVILLE FL 32260

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: KYLE JACOBS**PRESIDENT****04/29/2021**

Electronic Signature of Signing Officer/Director Detail

Date