

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000003606

**Entity Name:** JACK JAMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7870 SW JACK JAMES DRIVE  
STUART, FL 34997

**Current Mailing Address:**

7870 SW JACK JAMES DRIVE  
STUART, FL 34997 US

**FEI Number: 88-2522830**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION ATTORNEYS  
824 W. INDIANTOWN ROAD  
JUPITER, FL 33458 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COHEN, DANIEL J  
Address 7870 SW JACK JAMES DRIVE  
City-State-Zip: STUART FL 34997

Title D  
Name TRAVIS, BENJAMIN J IV  
Address 7870 SW JACK JAMES DRIVE  
City-State-Zip: STUART FL 34997

Title D  
Name COHEN, NICHOLAS A  
Address 7870 SW JACK JAMES DRIVE  
City-State-Zip: STUART FL 34997

Title D  
Name COHEN, DANIEL J  
Address 7870 SW JACK JAMES DRIVE  
City-State-Zip: STUART FL 34997

*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: BENJAMIN J. TRAVIS, IV**

**DIRECTOR**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date