ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 725956

1. Entity Name
JO-MYRT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
301 NORTH "L" STREET APT. #202 LAKE WORTH, FL 33460	3440 S OCEAN BLVD APT. 104 S PALM BEACH, FL 33480

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03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0142986

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGOTTI, MICHAEL A
3440 SOUTH OCEAN BLVD
UNIT 104-S
PALM BEACH, FL 33480

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000491059
04/19/06-80006-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANGOTTI, MICHAEL A
STREET ADDRESS	3440 S OCEAN BLVD, UNIT #104S
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD
NAME	LINET, MICHAEL
STREET ADDRESS	3440 S OCEAN BLVD., UNIT 101 S
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SD
NAME	ROSSI, DEBBIE A
STREET ADDRESS	301 NORTH "L" STREET,APT 202
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	D
NAME	MERKIN, CAROL
STREET ADDRESS	7700 DELTA CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	MOSSMAN, BILL
STREET ADDRESS	452 WALLS WAY
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Angotti MICHAEL A ANGOTTI 3-2-06 561-863-3754