


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90409 029 \*\*\*\*61.25

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # 725956</b><br>1. Entity Name<br>JO-MYRT CONDOMINIUM ASSOCIATION, INC.  |   |   |  |         |  |
| Principal Place of Business<br>301 NORTH "L" STREET<br>APT. #202<br>LAKE WORTH, FL 33460   |   |   | Mailing Address<br>3440 S OCEAN BLVD<br>APT. 104 S<br>PALM BEACH, FL 33480   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>3977 JOG Rd   |  |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |  |  |
| City & State   |   | City & State<br>GREENACRES, FL  |  | 4. FEI Number<br>65-0142986  |  |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 33467  |   | PALM BEACH  |  | 04112007 Chg-NP CR2E037 (12/06)  |  |
| 6. Name and Address of Current Registered Agent<br><br>ANGOTTI, MICHAEL A<br>3440 SOUTH OCEAN BLVD<br>UNIT 104-S<br>PALM BEACH, FL 33480   |   |   | 7. Name and Address of New Registered Agent<br>Name CAROL MERKIN<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |  |  |
| 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 <i>Michael Angotti</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |   |   | DATE 4-13-07<br><small>(NOTE: Registered Agent signature required when reissuing)</small>  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ANGOTTI, MICHAEL A<br>3440 S OCEAN BLVD, UNIT #104S<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>LINET, MICHAEL<br>3440 S OCEAN BLVD., UNIT 101 S<br>PALM BEACH, FL 33480    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ROSSI, DEBBIE A<br>301 NORTH "L" STREET, APT 202<br>LAKE WORTH, FL 33460    | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MERKIN, CAROL<br>7700 DELTA CIRCLE<br>WEST PALM BEACH, FL                    | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MOSSMAN, BILL<br>452 WALLS WAY<br>OSPREY, FL 34229                           | <input checked="" type="checkbox"/> Delete  |  |  |  |
| TITLE <i>DIR</i><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ELIZABETH MAGGE<br>12658 MAJESTIC ISLES DR.<br>BOYNTON BEACH FL 33437             | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TRES<br>CAROL MERKIN<br>7700 DELTA CIR.<br>WEST PALM BEACH FL                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |  |  |  |
| 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 A. ANGOTTI <i>Michael Angotti</i>   |   |   | DATE 4-13-07   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | DAYTIME PHONE # 561-262-3754   |  |  |