


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90060 009 ****61.25

DOCUMENT # 760141 1. Entity Name THE JIB CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 50 BEACH ROAD TEQUESTA, FL 33469				Mailing Address 50 BEACH ROAD TEQUESTA, FL 33469	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1930 Commerce Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 1			
City & State		City & State Jupiter, FL			
Zip	Country	Zip 33458	Country Palm Beach	4. FEI Number 59-2430652	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, GERALDINE 50 BEACH ROAD 3304 TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name Steve Inglis Street Address (P.O. Box Number is Not Acceptable) 1930 Commerce Lane, Ste 1 City Jupiter FL Zip Code 33458		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 4-12-2007 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, BEA 95 LIGHHOUSE JUPITER, FL 33469	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Turner, Beth 50 Beach Rd #302 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GERALDINE 50 BEACH ROAD TEQUESTA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Doherty, Daniel 50 Beach Rd #303 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTON, JOHN 50 BEACH ROAD TEQUESTA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilson, Tony 50 Beach Rd #203 Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORT, EUGENE N 50 BEACH RD TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, FARINA 50 BEACH RD. TEQUESTA, FL 33469	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-12-2007 <small>Date</small>	
<small>Daytime Phone #</small>					