

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000581

FILED
Apr 13, 2009
Secretary of State

Entity Name: JACKSON PLAZA OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

123 US 27 N
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

123 US 27 N.
SEBRING, FL 33870

New Mailing Address:

FEI Number: 03-0447161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTELLI, JOHN
123 US 27 N
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

CASTELLI, JOHN J TREASUR
123 US 27 N
SEBRING, FL 33870 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: JOHN CASTELLI

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEIBER, H FREDERICK
Address: 3601 S HIGHLANDS AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: CARR, DIANA DEANE
Address: 131 US 27 NORTH
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: KEIBER, SHARON G
Address: 3601 S HIGHLANDS AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MONTANEZ, PEDRO
Address: 119 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: CASTELLI, JOHN
Address: 123 US 27 N
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KEIBER, H FREDERICK
Address: 2841 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KEIBER, SHARON G
Address: 2841 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN CASTELLI

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date