

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2006
Secretary of State**

DOCUMENT# N02000008943

Entity Name: JARDIN CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 20-0656485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NOWECK, WILLIAM
Address: 15 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: SEC () Delete
Name: MURRAY, GLEN E
Address: 12 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOWECK, WILLIAM
Address: 15 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: STD (X) Change () Addition
Name: MURRAY, GLEN E
Address: 12 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VPD () Change (X) Addition
Name: COOPER, REBECCA
Address: 12 JARDIN DE MER PL
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM NOWECK

PD

04/04/2006

Electronic Signature of Signing Officer or Director

Date