

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# N02000008943

Entity Name: JARDIN CONDOMINIUM ASSOCIATION I, INC.

Current Principal Place of Business:

125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51322
JACKSONVILLE BEACH, FL 32240 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:

CARTER, TERI A
125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250 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: PD () Delete
Name: NOWECK, WILLIAM
Address: 15 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FROST, COLIN
Address: 14 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: VPD () Change (X) Addition
Name: HOUSER, RYAN
Address: 13 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD () Change (X) Addition
Name: SHACKELFORD, KEVIN
Address: 1119 FELSPAR STREET
City-St-Zip: SAN DIEGO, CA 92109

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: COLIN FROST

PD

08/04/2009

Electronic Signature of Signing Officer or Director

_____ Date