2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001328

FILED Mar 08, 2009 Secretary of State

Entity Name: JARDIN CONDOMINIUM ASSOCIATION II, INC.

Current Principal Place of Business: New Principal Place of Business:

28 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32256

125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250

Current Mailing Address: New Mailing Address:

P O BOX 49090 PO BOX 51322

JACKSONVILLE BEACH, FL 32240 JACKSONVILLE BEACH, FL 32240

FEI Number: 20-1225555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TAYLOR, DEBORAH W

CARTER-SHERMAN MANAGEMENT, LLC
3991 ST JOHNS AVE

JACKSONVILLE, FL 32205 US

CARTER-SHERMAN MANAGEMENT, LLC
125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250 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: TERI A. CARTER 03/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

Name:SHERMAN, SOLOMANName:SHERMAN, SOLOMONAddress:28 JARDIN DE MER PLAddress:28 JARDIN DE MER PL

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: STD () Delete Title: VPD (X) Change () Addition Name: GRECO, LYNDA Name: GRECO, JOSEPH

Name:GRECO, LYNDAName:GRECO, JOSEPHAddress:23 JARDIN DE MER PLAddress:1335 ASHLEY OAKS DR

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: () Delete Title: STD () Change (X) Addition

 Name:
 Name:
 HILL, CYNTHIA

 Address:
 Address:
 26 JARDIN DE MER PLACE

Address: 26 JARDIN DE MER PLACE
City-St-Zip: 26 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: TERI CARTER RA 03/08/2009