


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90413 050 \*\*\*\*61.25

DOCUMENT # N04000007832		
1. Entity Name JIB YACHT CLUB & MARINA CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business P.O. BOX 6848 WEST PALM BEACH, FL 33405	Mailing Address P.O. BOX 6848 WEST PALM BEACH, FL 33405
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50008701



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-1654954	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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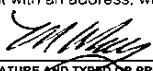
6. Name and Address of Current Registered Agent	
MAY, MARK R 4512 NORTH FLAGLER DRIVE SUITE 201 WEST PALM BEACH, FL 33407	

7. Name and Address of New Registered Agent	
Name	Hillary Harrison Goulden, Esq.
Street Address (P.O. Box Number is Not Acceptable)	4512 N. Flagler Dr. Ste 201A
City	W. Palm Beach FL 33407

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.	
SIGNATURE	3/29/06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, MARK R	NAME	
STREET ADDRESS	P.O. BOX 6848	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33405	CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAROSAS, MICHAEL R	NAME	
STREET ADDRESS	P.O. BOX 6848	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33405	CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVE, MICHAEL	NAME	
STREET ADDRESS	P.O. BOX 6848	STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH, FL 33405	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: 	3/29/06 (561) 835-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #