

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 18, 2009
Secretary of State

DOCUMENT# N05000006528

Entity Name: JARDIN CONDOMINIUM ASSOCIATION XI, INC.**Current Principal Place of Business:**2180 WEST ST. RD. 434
SUITE 5000
LONGWOOD, FL 327795044**New Principal Place of Business:**125 JARDIN DE MER PLACE
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**2180 WEST ST. RD. 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:**PO BOX 51322
JACKSONVILLE BEACH, FL 32240**FEI Number:** 20-3271425**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:**TERI, CARTER
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 CARTER

09/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: COTTON, CYNTHIA
Address: 4739 32ND ST NORTH
City-St-Zip: ARLINGTON, VA 22207**Title:** SD () Delete
Name: ANDERSON, MARK
Address: 114 JARDIN DE MER PL
City-St-Zip: JACKSONVILLE BEACH, FL 32250**Title:** TD () Delete
Name: BERRYMAN, JOSEPH
Address: 541 VERA DR
City-St-Zip: JACKSONVILLE, FL 32218**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: CYNTHIA COTTON

PD

09/18/2009

Electronic Signature of Signing Officer or Director

Date