2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 29, 2008
Secretary of State

DOCUMENT# N06000002644

Entity Name: JARDIN CONDOMINIUM ASSOCIATION XV, INC.

Current Principal Place of Business:

2180 WEST SR 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 SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

PO BOX 51322
JACKSONVILLE BEACH, FL 32240

FEI Number: 20-4964787 **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 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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 CARTER 11/29/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SISK, JOHN
Address: 10160 CENTURION PKWY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD ( ) Delete
Name: DUSS, JOHN
Address: 10160 CENTURION PKWY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD (X) Delete
Name: NESSMITH, ERNESTINE
Address: 10160 CENTURION PKWY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMPSON, BRAD
Address: 155 JARDIN DE MER PLACE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD (X) Change ( ) Addition
Name: DRACH, JUSTIN
Address: 8574 COTTONWOOD DR. E.
City-St-Zip: MERIDIAN, MS 39305

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: TERI CARTER RA 11/29/2008
Electronic Signature of Signing Officer or Director Date