

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90111 021 ****61.25

DOCUMENT # N06000005150

1. Entity Name

JCC 9 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

333 S TAMiami TRAIL - STE 101
VENICE, FL 34285

Mailing Address

333 S TAMiami TRAIL - STE 101
VENICE, FL 34285

2. Principal Place of Business - No P.O. Box #

333 South Tamiami Trail

3. Mailing Address

333 South Tamiami Trail

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Venice, FL

City & State

Venice, FL

Zip

34285

Country

US

Zip

34285

Country

US

04302008

Chg-NP

CR2E037 (12/06)

4. FEI Number

20-4894076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, MICHAEL W
333 S. TAMiami TRAIL, STE 101
VENICE, FL 34285

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

333 South Tamiami Trail, Suite 203

City Venice

FL

Zip Code 34285

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VSD ☐ Delete
NAME PARRISH, JAYNE E
STREET ADDRESS 333 S TAMiami TRAIL - STE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE PD ☐ Delete
NAME MILLER, MICHAEL W
STREET ADDRESS 333 S TAMiami TRAIL - STE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE STD ☒ Delete
NAME CONDIT, CLIFF
STREET ADDRESS 333 S TAMiami TRAIL - STE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 333 South Tamiami Trail, Suite 203
CITY-ST-ZIP Venice, FL 34285

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 333 South Tamiami Trail, Suite 203
CITY-ST-ZIP Venice, FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME STD
STREET ADDRESS Altman, Robin
CITY-ST-ZIP 333 S. Tamiami Trail, Suite 203
Venice, FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/08

941-441-1656