

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012998

FILED  
Feb 26, 2007  
Secretary of State

**Entity Name:** JACKSON OCEAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1100 ATLANTIC SHORES BLVD., SUITE 405  
HALLANDALE BCH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1100 ATLANTIC SHORES BLVD., SUITE 405  
HALLANDALE BCH, FL 33009

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

ANDREW F. GAROFALO, P.A.  
11555 HERON BAY BLVD., SUITE 200  
CORAL SPRINGS, FL 33076 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RABENA, ALFRED  
Address: 1100 ATLANTIC SHORES BLVD., SUITE 405  
City-St-Zip: HALLANDALE BCH, FL 33009

Title: TD ( ) Delete  
Name: RABENA, ROBERT  
Address: 1100 ATLANTIC SHORES BLVD., SUITE 405  
City-St-Zip: HALLANDALE BCH, FL 33009

Title: SD ( ) Delete  
Name: ARISTEO, WILLIAM  
Address: 3370 NE 190TH ST., SUITE 1812  
City-St-Zip: AVENTURA, FL 33180

**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 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: ALFRED RABENA

PD

02/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date