

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012998

FILED
Jan 10, 2009
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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 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

01/10/2009

Electronic Signature of Signing Officer or Director

Date