2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N96000003852

Entity Name: JARDIN HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business:

538 RIVERSIDE DR
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

5646 CORPORATE WAY
WEST PALM BEACH, F 33407

Current Mailing Address:

PO BOX 31846
PALM BEACH GARDENS, FL 33420

New Mailing Address:

5646 CORPORATE WAY
WEST PALM BEACH, F 33407

FEI Number: 65-0715710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE GENERAL LEDGER
5646 CCORP. WAY
WEST PALM BEACH, FL 33407 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:	VPT	( ) Delete
Name:	PATTISON, CAROL	
Address:	1051 VIA JARDIN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418 US	
Title:	D	(X) Delete
Name:	DECICCO, FRANK	
Address:	1085 VIA JARDIN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418 US	
Title:	D	(X) Delete
Name:	GALLUZZO, LIDIA	
Address:	1081 VIA JARDIN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418 US	
Title:	SEC	( ) Delete
Name:	ZIMBELLO, NANCY	
Address:	1067 VIA JARDIN	
City-St-Zip:	PALM BEACH GARDENS, FL 33418 US	
Title:	PD	( ) Delete
Name:	PRESTI, ARMANDA	
Address:	8058 VIA HA CIEDA	
City-St-Zip:	PALM BEACH GARDENS, FL 33408	

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:	
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: PRESTI ARMANDO P 03/13/2009

Electronic Signature of Signing Officer or Director — Date