2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000477

Entity Name: J.P.O. CONDOMINIUM ASSOCIATION, INC.

FILED Oct 03, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
582 HWY AIA		1300 PINETREE DRIVE
SATELLIII	E BCH, FL 32937	9 INDIAN HARBOUR BEACH, FL 32937
Current M	lailing Address:	New Mailing Address:
582 HWY AIA SATELLITE BCH, FL 32937		1300 PINETREE DRIVE
		9 INDIAN HARBOUR BEACH, FL 32937
	: 59-3488462 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
	ice with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	Name and Address of New Registered Agent:
PROKOP, VICTORIA 582 HWY AIA SATELLITE BCH, FL 32937 US		DEPENDABLE PROPERTY MANAGEMENT, LLC 1300 PINETREE DRIVE
		9 INDIAN HARBOUR BEACH, FL 32937 US
	e named entity submits this statement for the pee of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATU	RE: ANGELA PHILLIPS	10/03/2006
	Electronic Signature of Registered Age	ent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete HARWOOD, JERRY T 1345 N. HWY A1A #509 INDIALANTIC, FL 32903	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VPD () Delete CUNNINGHAM, PATRICK 1345 N. HWY. A1A #406 INDIALANTIC, FL 32903	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete PHELPS, RICHARD 1345 N. HWY A1A #205 INDIALANTIC, FL 32903	Title: TD (X) Change () Addition Name: VANNUCCI, KATHERINE Address: 1345 N. HWY A1A # 307 City-St-Zip: INDIALANTIC, FL 32903
Title: Name: Address: City-St-Zip:	TD () Delete VENNUCCI, KATHY 1345 N. HWY A1A #307 INDIALANTIC, FL 32903	Title: D (X) Change () Addition Name: DONNELLY, BOB Address: 1345 N. HWY A1A #208 City-St-Zip: INDIALANTIC, FL 32903
Title: Name: Address: City-St-Zip:	SD () Delete KUS, LORI 1345 N. HWY A1A #607 INDIATLANTIC, FL 32903 US	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: JERRY HARWOOD P 10/03/2006